

ANNUAL REPORT
FOR COOPERATIVE AGREEMENT # EEU-A-00-00-00001-00
Time Period: November, 1999 through October, 2001
Submitted: 11/30/01

INTRODUCTION

In a shift of emphasis from equal distribution of support among emergency medicine, maternal and child health, and primary care programs in FY '00, Carelift International focused on delivering primary care goods during FY '01. FY '01 also marks the first year in which Carelift International worked directly with the USAID Regional Office in Tblisi, Georgia to provide maternal and child health program support to (3) local institutions; (1) of which is located in an area of civil unrest.

CARELIFT INTERNATIONAL'S CONTRIBUTION

As of 10/31/01, Carelift received a total of \$3,700,000 in USAID funding. As of 10/31/01, therefore, Carelift's Cooperative Agreement requires that it deliver, by 10/31/03, a "match" of \$6,500,000 in goods and services to AIHA/Carelift Partnership projects and to those projects in the Republic of Georgia, approved by the USAID Regional Office in Tblisi. As of 10/31/01, Carelift shipped and/or delivered \$6,589,323 in goods and services to targeted installations overseas, thereby meeting its target "match" a full (2) years in advance of the deadline.

\$3,300,000 in additional USAID funding will be obligated to Carelift in (3) separate allotments: (2) in FY '02; a third in FY '03. \$825,000 in additional funding was approved on 9/25/01 but, as of 10/31/01, these funds had not been received. In total, Carelift expects to receive \$7 million in financial awards from USAID under this CA and will match USAID's funding by providing \$11.45 million in goods and services to USAID-approved recipient institutions by 10/30/04.

SUMMARY

A grid summarizing Carelift's progress towards its goals is found in Attachment A. The information is provided, in alphabetical order, by country. The NIS, US, and USAID Regional Office Partners are identified, as are the recipient institutions that have been the focus of Carelift's activities during FYs '00 and '01. The new known targets for FYs '02 – '04 have also been included in this listing. See Attachment B for narrative descriptions of the targeted recipients of Carelift's goods and services.

In addition to "matching" USAID's financial awards (2) years in advance of the deadline, Carelift is up-to-date in assessing recipient needs and providing technical training to recipients in non-conflict areas. Carelift has exceeded its *Medical Waste Management* training goals by providing this training to medical and administrative staff of institutions for which it has no contract responsibility. See the last section of this report titled "Lessons Learned" for more details about modifications made during this fiscal year to assessment and technical training procedures.

Documenting interim evaluations of projects that are nearing completion will be a Carelift priority for FY '02.

STAFFING CHANGES AT CARELIFT

Following the expiration of the interim CEO's contract in 2/01, Co-Founder Jeffrey Gloss resumed his position as Chairman and CEO of Carelift International. He is focusing on obtaining major corporate, foundation, and private support in order to promote self-sufficiency for programs already in-place and to position Carelift for continuing growth.

The duties of Carelift's COO are being shared by the returning CEO, Jeffrey Gloss, and by Ms. Jenny Anne Horst-Martz, the Director of International Programs, who joined Carelift in 9/01. The former COO resigned during the summer of 2001 in order to take a faculty position at a local law school.

Because of the increased number of projects that Carelift will support in FYs '02-'03, an additional Regional Program Coordinator position for the NIS has been established. The sole former incumbent of this position left Carelift in 7/01 to run a humanitarian program for the World Bank in Moldova. Ms. Manuela Sieber, who replaced Dr. Vedrasco, came on board in 9/01. The additional Regional Program Coordinator position was temporarily filled during 9/01 and 10/01. Carelift is now actively recruiting to fill this vacancy and expects to make a selection in December.

CONFERENCE FOR COUNTRY LIAISON OFFICERS

The timing of Carelift's Kiev Conference (9/10-9/11/01) was auspicious. It was intended to orient the new American-based hires to Carelift's mission and to train and further empower (5) overseas-based employees to act on their own initiative. A copy of the conference agenda is found in Attachment C.

The attendees successfully broke down language barriers, listened carefully to the problems encountered overseas, formulated general guidelines, clarified roles, and decided on ways to improve communication, eliminate excess paperwork, and expedite payments to vendors. Refer to Attachment D for a copy of the minutes taken at this conference. In sum, the attendees agreed that the individual and group objectives, set at the outset of the (2) day meeting, had been met.

The conference officially ended approximately an hour prior to learning about the terrorist attacks on New York and Washington. Because US airspace was sealed off, the American-based staff spent (6) extra days overseas. Jeffrey Gloss organized USAID-related meetings and evaluation trips, as well as social and educational events, thereby bonding his staff even closer together.

Given the expected travel limitations on using American Partner volunteers to provide the clinical background information essential to Carelift's technical training curriculum, the overseas-based employees discussed how they and their associates could keep the technical training programs, scheduled during the next (6) months, on-track. Dr. Stupnytskyy had been a co-trainer and translator for the (2) training programs held in Lviv, Ukraine and David Lekishvili had done the same for the (2) training programs held in Kutaisi and Mtskheta, Georgia. Both demonstrated the ability to be lead trainers for programs in their respective countries. Dr. Stupnytskyy speaks Russian, volunteered to train at the Savior's Hospital in

Moscow, and delivered this training in 11/01. Mr. Lekishvili shared training and translation responsibilities with a volunteer trainer, Mr. Sam Miller, at (3) sites in Armenia in 10/01.

SUPPLY AND PROCUREMENT ACTIVITY

The pictorial representation (pie charts) of Carelift's activity during FY '00 is being repeated in Attachment E in order compare it to the results of FYs '00 and '01 combined, seen in Attachment F. Because of the anticipated shift in FY '01 to primary care activities (which require less expensive equipment than the activities targeted in FY '00), the value, volume, category of goods, and donation percentage for FY '01 activities followed patterns that were projected in last year's report.

Because the one thing that primary care centers need most is general supplies, it is no surprise that the volume shipped in this category of goods rose 11% in FY '01, as predicted. Since there is a secondary market in the US for general medical supplies, Carelift foresaw a concurrent increase of 10% in purchases for FY '01. Actually, purchases rose by 11%, only 1% higher than estimated. The value and volume of pharmaceuticals sent overseas in FY '01 was reduced by 18 and 6% respectively, as anticipated, while the value and/or volume of biomedical supplies, equipment, and instruments rose between 2 and 6%. These percentages would have been higher if the pie chart design software program had been able to capture the FY '01 transfer of a C-Arm and the shipment of operations manuals (valued at \$30,450) to the Emergency Hospital project in Chisinau, Moldova.

AWARDS LEADING TO EXPANSION OF DONOR BASE

On 6/7/01, Carelift received the Main Line Chamber of Commerce's *2001 Non-Profit Business of the Year* award. A special *Citation from the Commonwealth of Pennsylvania House of Representatives* commending Carelift International for its medical relief efforts was also awarded to Carelift in June.

EXPANSION OF DONOR BASE

In early FY '01, Agilent Technologies, a multi-national corporation that develops cutting edge technological devices and equipment, supported Carelift's mission with a large cash donation.

On 11/13/00, Carelift International and the Ohio Hospital Association (OHA), in conjunction with the Ohio Environmental Protection Agency, announced a partnership linking Carelift to hospitals throughout Ohio. OHA has over (180) member hospitals across the state and more than (1,999) personal members of (11) affiliated and (2) integrated societies. On 6/19/01, OHA expanded its collaboration with Carelift, adding more than (100) association members to the joint effort to obtain surplus equipment and supplies for Carelift's inventory.

Also in 6/01, the Board of Directors of McKesson HBOC (1 of the 3 largest medical/surgical supply companies in the U.S.) added Carelift to the list of approved beneficiaries of their humanitarian aid programs. The first transfer of goods from McKesson is scheduled for 12/01.

In 8/01, Medtronic Inc. (a leading U.S. manufacturer of medical devices) also added Carelift to the list of approved beneficiaries of their humanitarian aid programs.

The following formal corporate and hospital affiliations, driven by the Glosses' enthusiasm and personal contacts during FY '00, are still active: Neoforma GAR, Shared Services Healthcare Inc. of Atlanta GA, and Mediq PRN. Please see Attachment G for a list of top donors of product to Carelift during 2001.

SHIPPING

On 1/1/01, the State Department upgraded the status of Carelift's surface transportation requests. As anticipated, this upgrade has generally resulted in more timely and predictable deliveries of Carelift's goods to designated recipients.

The State Department made exceptions to their general guidelines (surface shipments should be valued at 10 times the actual cost of transit) to accommodate Carelift's primary care shipments during FY '01. Carelift made every effort to combine/coordinate shipments to each particular country in order to minimize costs and is most appreciative of the State Department's flexibility in accommodating the U.S. and foreign Partners' timetables.

On 10/15/01, Gerald Obendorfer, Director of Humanitarian Programs for the U.S. Department of State, formally extended the agreement to ship Carelift's goods to USAID-funded recipients overseas (at no charge) through FY '02.

See the last section of this report titled "Lessons Learned: Change in Overland Shipping Routes – Avoid Transit Through Russia" for details concerning the remaining major shipping problem.

DELIVERY

As a general rule, Carelift will continue to retain overall responsibility for: clearing customs, following local registration (of humanitarian goods) requirements, delivering airfreight to the recipient, and installing equipment, in coordination with the recipient institution. Carelift has hired local representatives to perform these functions: Mr. Babayan in Armenia; Mr. Nykolyn in Ukraine; and Drs. Tvildiani and Vovc in (respectively) Georgia and Moldova.

However, in agreements made directly with the USAID Regional Office in Tblisi, Georgia to equip and supply Maternity Houses in the towns of Sukhumi and Zugdidi, Carelift was relieved of the above responsibilities with respect to Sukhumi, which is located in an area of civil unrest and conflict. Instead, agencies already on the ground handled these essential functions.

TRACKING AND REPORTING

Carelift will continue to submit expense and program reports to the appropriate USAID Departments for review, as required. As a courtesy, Carelift forwards abridged copies of the quarterly program reports to AIHA. Additionally, in FY '02, Carelift will voluntarily increase its reporting function by forwarding summaries of program activity to appropriate USAID Missions overseas.

TECHNICAL TRAINING

As previously mentioned, Carelift is up-to-date in providing technical training to recipients in non-conflict areas. After a long delay in customs in St. Petersburg, Russia, the shipment to Bishkek, Kyrgyzstan is scheduled for arrival by 12/23/01. Operations manuals for the

equipment included in this shipment, as well as in the shipment to Astana, Kazakhstan, were translated into Russian and were mailed to the engineers serving these (2) sites. Carelift's biotechnicians have been in touch with their counterparts at these installations and if formal technical training is determined to be necessary, a safe location will be selected for joint training for staff from these sites.

Training for staff at the Kurgan, Russia Maternity Hospital #1 is planned after the shipment arrives and has been unpacked. The shipments to the Family Medicine Center in Uzhgorod, Ukraine and the Center in Donetsk have just arrived, and training for each Center is scheduled in 12/01.

The several lessons learned from the first set of technical training programs (held in Moldova) were incorporated into a new design, used in the succeeding training sessions. See the last section of this report titled "Lessons Learned: Change in Technical Training Program Design" for details concerning the new format.

EVALUATION

See the revised evaluation tool that Carelift will use as a basis for discussion with the recipients and the collaborating Partners in Attachment H. This outline was expanded as a result of discussions with Carelift's Cognizant Technical Officer (CTO) at USAID.

ENVIRONMENTAL CONSIDERATIONS

Medical waste handling and disposal protocols have been developed in collaboration with USAID's environmental unit, based upon World Health Organization (WHO) guidelines. These protocols continue to be disseminated to each recipient of Carelift's goods in a timely fashion. Carelift evaluates the recipient's progress in this area during the project evaluation phase of the work plan.

BUDGET ISSUES:

An internal audit of Carelift's physical inventory and financial records was completed in 11/00. This audit indicated that Carelift underestimated the value of goods shipped to Partnership recipients from 11/1/99 through 10/31/00, the first year of the USAID-Carelift cooperative agreement, by \$363.00. This result verifies the continuing accuracy of Carelift's computerized donation valuation system.

In 7/01/01, Ms. Jackie Taylor, Contract Specialist in USAID's Office of Procurement, was appointed Carelift's Agreement Officer for this Cooperative Agreement. On 9/25/01, she approved the Carelift budget that projected expenses through FY '04. This was the final step in the approval process of the second amendment to Cooperative Agreement #EEU-A-00-00-00001-00.

WORK PLAN STATUS:

The process of identifying additional target sites for Carelift support began in the spring of 2001. In May, Carelift's leadership visited the USAID Regional Office in Tblisi, Georgia to determine how Carelift could support Mission objectives under the terms of its current CA. As a result, over \$100,000 worth of goods was shipped to each of the following (3) sites in Georgia: the Maternity House in Sukhumi, the Maternity House in Zugdidi, and the Jo Anne

Medical Center in Tblisi. Since Sukhumi is located in a conflict area, the Mission appreciated Carelift's timely response to the request for supplies.

In 8/01, Carelift met with AIHA's program officers to determine which Partnership programs would likely need Carelift's support from FY '02 through FY '04. The results of this meeting were transcribed into grid formats. See Attachments I and J. Attachment I outlines Carelift's targets from 11/1/01 to 7/31/02, while Attachment J outlines targets from 8/1/02 through 10/31/04, the end of the CA period. Carelift has just received the AIHA work plans for the selected Partnership projects. After a review of these plans, some modification to the selected targets may be made.

BOARD OF DIRECTORS

Carelift trustee, Dr. Elliot Sloane, created and funded a "Carelift International Scholarship for Health Informatics" to financially assist graduate students from the NIS to improve the way healthcare information is gathered in their countries. Carelift will, in concert with Drexel University's College of Information Science and Technology, select the scholars. The University will oversee the program.

In 3/01, Eliana Papadakis and Louis Fryman were elected as members of the Board of Directors. Since 1995, Ms. Papadakis' duties as Drexel University's First Lady include extensive travel, fundraising, public speaking, and a variety of civic and philanthropic activities. She currently serves on the Board of the American Red Cross, Philadelphia Chapter. Mr. Fryman, Chairman of the law firm Fox, Rothschild, O'Brien & Frankel, LLP, brings a wealth of leadership experience to Carelift's Board, as well as years of experience providing legal advice to charitable institutions throughout the country.

PROGRAM INFORMATION EXCHANGE

In 3/01, thanks to the collective efforts of USAID CTO and Carelift's Public Relations Office, the addresses of all appropriate USAID regional personnel were entered into Carelift's "Key Communicators" e-mail database. The CTO forwards the information received (usually press releases) about Carelift's programs to other interested USAID parties in Washington. AIHA excerpts information monthly from this resource and publishes it on their online news service titled "Connections." Carelift initiated this information exchange in order to make it easier for all of the Partners to exchange information and publicize the results of their work.

From 1/30 – 1/31/01, Carelift's COO attended *the USAID Bureau for Europe and Eurasia's Third Annual Implementing Partners Conference* in Washington, D.C. He found that the discussions on trans-boarder themes and anti-corruption strategies were directly applicable to Carelift's work. The information obtained was integrated into the planning for training programs that were delivered to Partnership recipients during the spring and summer.

From 2/28 – 3/2/01, Carelift's Regional Program Director, NIS was a guest speaker at, the *Regional AIHA Conference* in Tbilisi, Georgia. He was most appreciative of the invitation to address the participants and to have had the opportunity to discuss Carelift's plans and goals with the Armenian and Georgian Partnership coordinators.

From 4/9 –4/11/01, at the *AIHA Annual Partnership Conference* in Washington, D.C., Carelift staff met with AIHA domestic and overseas staff and the U.S. and foreign Partnership coordinators to clarify expectations for FY '01 and '02 and to discuss ways to continue to improve coordination of operations. Carelift's Regional Program Director for the NIS and Operations Manager were invited to formally participate in the Conference Program. On 4/11, they held individual sessions with Partners to provide current updates on shipments in transit, arrange future training schedules, and discuss issues of mutual interest and concern.

PUBLIC RELATIONS ACTIVITY

US Department of State, Medtronic Inc., and Moldova –

In 2/01, doctors and patients from the Institute of Cardiology, located in Chisinau, joined the U.S. Ambassador to the Republic of Moldova and representatives from the Moldovan government, Medtronic Inc., and Carelift International to celebrate the arrival of (33) pacemakers, valued at \$250,000. Although this collaborative Medtronic-Carelift humanitarian project was not funded by USAID, this ceremony is being reported because the U.S. government and a major U.S. medical technology company benefited from the good will and publicity generated by this event. To date, more than half of these life-saving medical devices have been successfully implanted.

See Attachment K for a summary listing of US and overseas media coverage of Carelift's programs during FY '01.

MEASUREMENTS OF PROGRESS

Indicator #1 (listed below) was changed to reflect the changes made to CA #EEU-A-00-00-00001-00. USAID will use these measures to determine if Carelift has successfully fulfilled the terms of the cooperative agreement:

1. \$11.45 million of goods/services provided by 10/31/04.
2. Major equipment supplied being used effectively and being well-maintained one-year post installation.
3. Supplies delivered and used as intended.
4. An on-going re-supply plan for spare parts is in place and working in each recipient facility.
5. Identified supply sources are able to keep up with the demand.

LESSONS LEARNED

PROCEDURAL CHANGES – ASSESSMENTS

Early in FY '01, Carelift's Regional Program Coordinator for the NIS aimed at traveling with either AIHA or US representatives (or preferably both) to make an on-site assessment of the needs of the target institutions. This combined travel schedule eliminated sometimes confusing, and always lengthy, communications among all of the Partners in order to arrive at an approved shipping manifest. By 6/01, it was determined that the typical needs of primary care centers were standardized, requiring only the elimination of items from a uniform "wish list" that the targeted recipient already has in stock.

In 8/01, Carelift and AIHA agreed that the assessment process had become too cumbersome, often resulting in the delay an official opening of a primary care center. Since these centers usually require minimal support in regard to supplying equipment, devices, and/or instruments,

it was also agreed that the AIHA Regional Office staff will do the assessments, with input from the US Partner. Carelift will continue, however, to assess the needs of the centers' referral hospitals, since their equipment, technical training needs, and capability to absorb technology vary considerably from region to region.

ECONOMIES MADE - MEDICAL WASTE MANAGEMENT TRAINING

In 1/01, the medical and administrative staff from recipients in Kazakstan, Kyrgyzstan, and Uzbekistan attended a workshop in Almaty at which Carelift delivered (1) day of training on *Medical Waste Management* responsibilities and techniques. This same training was provided at AIHA's workshops in Moscow (for all of the Russian Partners) in 2/01 and in Kiev, Ukraine and Tblisi, Georgia (including Partners from Armenia and Azerbaijan) in 9/01. Integrating the *Medical Waste Management* training sessions into AIHA regional workshops is not only an economical and efficient way to fulfill USAID's requirement to train foreign Partners on this important occupational and public health subject, it allows Carelift to extend this training to institutions not included within Carelift's Cooperative Agreement.

CHANGE IN OVERLAND SHIPPING ROUTES – AVOID TRANSIT THROUGH RUSSIA

In 10/01, Carelift learned that a shipment, intended for delivery to Bishkek, Kyrgyzstan was stalled in St. Petersburg for several months. Local authorities found different reasons (recipient's license to receive humanitarian goods not in order, additional paperwork required, and errors in customs documents) to impede the shipment. The shipment was finally released from customs on 11/5/01. It is currently expected to arrive at its final destination by 12/23/01. After validating that AIHA has also encountered Russian obstacles to delivery of humanitarian goods, Carelift has advised its freight forwarders to avoid using overland Russian transfer centers.

CHANGE IN TECHNICAL TRAINING PROGRAM DESIGN

The lessons learned from the initial technical training program delivered in Chisinau, Moldova are described in Attachment L. These lessons were incorporated into a new technical training plan format and a more comprehensive way of documenting trainee reactions to the training program. An example of this new technical training design is found in Attachment M.

WASTE MANAGEMENT PROGRAM ADDITIONS PLANNED

Based on observations of waste issues at the recipient institutions, Carelift is developing proposals to fund provision of modern washing machines and energy-efficient medical waste incinerators.

ATTACHMENT A

(Grid: Project Progress 11/1/99-10/31/01)

COUNTRY/ PARTNERS	TARGETS	VALUE SHIPPED 11/1/99 - 10/31/01	ASSESS	TECH TRAINING	WASTE TRAINING	EVALUAT & REPORT
ARMENIA I AIHA - Armavir/ Galveston TX	1.PCC, Armavir 2.EMS Project	1.\$57,867	1.Done	1.Done	1.Done/ AIHA Workshop	
ARMENIA II AIHA - Gegarkunik/ Providence RI	1.PCC, Sevan 2.FMC, Gagarin 3.Hospital, Sevan	1.\$35,181	1 & 2 - Made by AIHA R.O. & US Partner	1.Done	1.Done/ AIHA Workshop	
ARMENIA III AIHA - Lori/Los Angeles CA	1.PCC, Vanadzor #5 2.Hospital, Vanadzor 3.Hospital, EM	1.\$158,292	1.Made by AIHA R.O. & US Partner	1.Done	1.Done/ AIHA Workshop	
ARMENIA IV AIHA - Yerevan/Wash. D.C.	WWC, Gavar	\$34,727	Assessment made by AIHA R.O. & US Partner	Done by US Partner	Done/AIHA Workshop	
ARMENIA V CL/PADCO	PCCs		CL/PADCO began negotiations in 10/01			
	Sub-Totals	\$286,067				
BELARUS AIHA - Minsk/RWJ(NJ)	PCC, #36	\$165,208	Assessment made by AIHA R.O. & US Partner	Done by US Partner	Done by US Partner	In draft
	Sub-Total	\$165,208				
GEORGIA I AIHA - Kutaisi/ Atlanta GA	WWC, 11 Javakhishvili St.	\$61,621	Assessment made by CL in 2000	Done	Done/AIHA Workshop	
GEORGIA II AIHA - Mtskheta-Mtianeti/ Milwaukee WI	1.PCC, 1 Gvindgelia St., Mtskheta 2. PCC Replication, also in Mtskheta 3.PCC Dusheti 4.PCC Kazbegi	1.\$78,637	1.Assessment made by CL in 2000	1.Done	1.Done/ AIHA Workshop	
GEORGIA III USAID R.O.	1.Jo Anne Medical Center, Tblisi 2.Sukhumi Maternity House 3.Zugdidi Maternity House	1.\$169,004 2.\$141,842 3.\$101,916	1. Assessment made by CL, 5/01 1, 2, & 3 - All (3) projects assessed by USAID R.O. 5/01- 7/01	1, 2, & 3 = N/A	2.N/A 3.N/A	
	Sub-Totals	\$553,020				

COUNTRY/ PARTNERS	TARGETS	VALUE SHIPPED 11/1/99 - 10/31/01	ASSESS	TECH TRAINING	WASTE TRAINING	EVALUAT & REPORT
KAZAKHSTAN AIHA Astana/Pitt. PA	1.PCC, 22/1 Abulai Khan Ave. 2.Family Group Practices	1.\$31,401 (located close to Afghanastan – may train offsite)	1.Made by CL, AIHA R.O. & US Partner in 2000	Operations manuals sent- Russian	1.Done. AIHA Workshop	
	Sub-Totals	\$31,401				
KYRGYZSTAN AIHA - Bishkek/ Reno NV	FMC, KSMA Medical Center	\$90,676 (located close to Afghanastan – may train offsite. Arrival due 12/01)	Assessment made by AIHA R.O. & US Partner	Operations manuals sent - Russian	Done/AIHA Workshop	
	Sub-Totals	\$90,676				
MOLDOVA I AIHA “Legacy” Chisinau/Minn MN	Emergency Hospital ER	\$3,335,905	Assessment made by CL in 1999	Done	Done	In draft
MOLDOVA II AIHA - Chisinau/E. VA	1.PCC #11 “Botanica,” Chisinau 2.Teaching FMC at the above 3. WWC, Cahul 4.WWC, “Dalila”, Chisinau 5. Teaching FMC Chisinau Univ. 6.Operation Hope (\$505,443)	1, 3, 4, & 6 = \$1,055,246	# 1, 2, 3, & 4 made by AIHA R.O. & US Partner; # 6 done by Dept. of State.	Projects #1 & 3 are done. N/A to projects #2, 4, & 6	#1, 3, & 4 Done	Interim for #1, 3, & 4 in draft; fin report of # done by Dept. of State.
	Sub-Totals	\$4,391,151				
RUSSIA I AIHA “Legacy” Moscow/Pitt. PA	WWC, Savior’s Hospital	\$142,649	Made by CL, AIHA R.O., & US Partner in 2000	Done (11/01)	Done/AIHA Workshop	
RUSSIA II AIHA Khabarovsk/ Lexington KY	1.WWC 2.Referral Hospital		1.Made by AIHA R.O. & US Partner		1.Done/ AIHA Workshop	
RUSSIA III AIHA Kurgan/ Schuche - Fox Cities WI	1.Kurgan Maternity Hosp.#1 2.PCC, Shchuche Hosp.	1.\$118,029 2.\$29,507	# 1 & 2 - Made by AIHA R.O. & US Partner	Shipments have not yet arrived. 1.Training planned after arrival of shipments 2.N/A	Done/AIHA Workshop	
	Sub-Totals	\$290,185				

COUNTRY/ PARTNERS	TARGETS	VALUE SHIPPED 11/1/99 - 10/31/01	ASSESS	TECH TRAINING	WASTE TRAINING	EVALUAT & REPORT
UKRAINE I AIHA "Legacy" Lviv/ Buffalo NY	Perinatal Center	\$134,750	Assessment made by CL in 1999	Done	Done/AIHA Workshop	Interim done
UKRAINE II AIHA "Legacy" Lviv/ Buffalo NY	WWC, Railway Hospital	\$84,886	Assessment made by CL in 1999	Done	Done/AIHA Workshop	Interim done
UKRAINE III AIHA Donatesk/ Pitt. PA	1.WWC, Kramatorsk Birthing Center 2.Miner's PCC 3.PCC, Kramatorsk 4. Another PCC, Kramatorsk	1.\$127,057	All (4) projects assessed by AIHA R.O. & US Partner	Scheduled 12/3/01	Done/AIHA Workshop	
UKRAINE IV AIHA Kharkiv/La Crosse WI	1.PC Center Korobochkino, Chuguev Rayon 2.Chuguev Hospital 3.Student Clinic		1 & 3 - Made by AIHA R.O. & US Partner		Done/AIHA Workshop	
UKRAINE V AIHA Kiev/Phila. PA	Replication of model FMC in Kiev		To be done by AIHA & US Partner		Done/AIHA Workshop	
UKRAINE VI AIHA Uzhgorod/Corvallis OR	1.FMC, Berezny 2.Hospital, Berezny 3.WWC, Uzhgorod 4.FM Training Center, Uzhgorod	1.\$57,508	#1, 3 & 4 - Made by AIHA R.O. & US Partner	Scheduled 12/17/01	Done/AIHA Workshop	
UKRAINE VII AIHA Lviv/Cleveland OH	1.Lviv FM Clinic 2.Zhova FM Clinic		Made by AIHA R.O. & US Partner		Done/AIHA Workshop	
	Sub-Totals	\$404,301				
UZBEKISTAN AIHA Ferghana/Tashkent – Atlanta GA	1.Republican Center/ Emergency Medicine, Ferghana 2.Same, Tashkent	1.\$200,477 2.\$279	Assessments made by CL	1. Done 2. N/A	Done/AIHA Workshop	
	Sub-Totals	\$200,756				
TOTAL – GOODS SHIPPED	11/1/99-10/31/01	\$6,412,761				
UNDERVALUED ITEMS	11/1/00 AUDIT	\$363				
GOODS TRANSFERRED	FY '00	\$30,450	To Moldova Project #1	C-Arm	Service Manuals	
TOTAL – NON TANGIBLES DONATED	11/1/99-10/31/01	\$145,749				
GRAND TOTAL	11/1/99-10/31/01	\$6,589,323				

USAID FINANCIAL AWARDS TO DATE	11/1/99-10/31/01	\$3,700,000				
USAID ADDITIONAL AWARDS EXPECTED	11/1/01-10/31/04	\$3,300,000				
TOTAL USAID AWARDS	11/1/99-10/31/04	\$7,000,000				
TARGET "MATCH"	By 10/31/03	\$6,500,000				
TARGET "MATCH"	By 10/31/04	\$11,450,000				
Key:						
CL	Carelift International					
EMS	Emergency Medicine Service					
ER	Emergency Room					
FMC	Family Medicine Center					
PCC	Primary Care Center					
WWC	Women's Wellness center					
CDIE grid 11.1.99 to 10.31.01 rev 11.27.01						

ATTACHMENT B
(Project Descriptions)

PROJECT DESCRIPTIONS

ARMENIA

Armavir/Galveston, TX - Primary Health Care & Emergency Medical Services

US Partner: The University of Texas Medical Branch at Galveston (UTMB) and the Galveston Partnership for Better Living (GPBL).

NIS Partner: The NIS Partners are the Armavir Regional Health Care Administration and the Armavir Polyclinic, serving 15 districts in the Armavir Region.

Partnership Objectives: The overall goal of the Partnership is to improve healthcare in the Armavir Region related to diabetes, breast cancer, cardiovascular disease/stroke, and disaster preparedness through changes in lifestyles and health provider training.

Carelift International's Objectives: Carelift International provided more than \$57,000 in primary care tools (equipment, blood pressure cuffs and gauges, pregnancy kits, and general supplies) to the Armavir Primary Care Polyclinic.

Gegarkunik/Providence, RI - Primary Health Care & Emergency Medical Services

US Partner: The US Partners are Care New England (CNE) and Lifespan Health Systems. The CNE System includes three major private, non-profit hospitals: Women & Infants Hospital of Rhode Island, Kent Hospital, and Butler Hospital. Lifespan, a major health system in New England, consists of five hospitals, a large visiting nurse association, and primary care settings in Rhode Island and Eastern Massachusetts. The National Perinatal Information Center (NPIC) will assist these two partners.

NIS Partner: The NIS Partners are the Gegarkunik Regional Health Care Management Department and the Sevan Polyclinic.

Partnership Objectives: The overall goal of the Partnership is to improve health outcomes in the Gegarkunik Marz through the establishment of a model primary care system in the Sevan Region (one of five Regions in the Marz).

Carelift International's Objectives: Carelift International provided the Sevan Polyclinic with more than \$35,000 in supplies and services. Carelift plans to do the same to the Gagarin Family Medicine Center.

Lori/Los Angeles, CA - Primary Health Care & Emergency Medical Services

US Partner: The US Partner is the UCLA Medical Center.

NIS Partner: The NIS Partners are the Lori Regional Health Care Administration and Polyclinic #5 (serves 17 districts in Vanadzor, capital of the Lori region).

Partnership Objectives: The Partnership will develop community-based primary care services building upon existing services of Polyclinic #5. Practice standards, financial management systems, and administrative guidelines will also be developed.

Carelift International's Objectives: Carelift International shipped more than \$158,000 in equipment, tools, and supplies to the Vanadzor Polyclinic #5.

Yerevan/Washington, D.C. – Community-Based Primary Health Care

US Partner: The Armenian-American Cultural Association, a non-profit organization based in Arlington, VA, provides most of the technical assistance and financial support to this project.

NIS Partner: The NIS Partner is the Armenian-American Mammography University Center

Partnership Objectives: The overall goal of the Partnership is to improve clinical, screening, and community education services and to reduce breast cancer morbidity and mortality, by expanding early detection techniques.

Carelift International's Objectives: Carelift International has shipped over \$34,000 in equipment and supplies to the Women's Wellness satellite clinic in the town of Gavar.

BELARUS

Minsk/RWJHealth Network, NJ – Primary Care

US Partner: The Robert Wood Johnson Health Network, including the Robert Wood Johnson Medical School.

NIS Partner: The NIS partners include the Ministry of Health, Minsk City Health Administration and Polyclinic #36.

Partnership Objectives: The overall goal of the partnership is to develop primary care disease prevention and health promotion programs to improve the cardiovascular and women's health of the area's population. Primary care prevention is the model of choice to improve health care and access to health care and to decrease cost.

Carelift International's Objectives: Attained. Provided more than \$165,000 in pharmaceuticals and goods (including ultrasound equipment) to Polyclinic #36.

GEORGIA

Kutaisi, Georgia/Atlanta, GA - Healthy Communities/Women's Wellness

US Partner: The Grady Health System, operating under the auspices of the Fulton & DeKalb County Hospital Authority, the Georgia State University (Departments of Nursing and Management), Kaiser Permanente, Fulton County Health Department, and the Rollins School of Public Health.

NIS Partner: The primary partner institution is the Regional Health Care Management Department of the Imereti Region.

Partnership Objectives: The main goal of the Partnership is to establish a Women's Wellness and Primary Care Center in Kutaisi. The partnership will also develop and improve access to quality services to meet the identified needs of women in Kutaisi, emphasizing disease prevention and health promotion.

Carelift International's Objectives: Carelift has supplied the Kutaisi Women's Wellness Center with more than \$61,000 in goods and may re-supply this center in FY '02 or '03.

Mtskheta-Mtianeti, Georgia/Milwaukee, WI - Primary Health Care

US Partner: The Milwaukee International Health Training Center (MIHTC), the Medical College of Wisconsin, the University of Wisconsin Medical School - Milwaukee Clinical Campus, Marquette University Schools of Nursing and Dentistry, the City of Milwaukee Health

Department, the Planning Council for Health and Human Services, the Sixteenth Street Community Health Center, and the Milwaukee County Division of Health Related Programs.

NIS Partner: The Mtskheta-Mtianeti Regional Health Administration, Republic of Georgia. An urban polyclinic serves as the lead partnership institution in Georgia.

Partnership Objectives: The overall goal of the partnership is the design, development and implementation of a family and community-oriented Primary Health Care (PHC) system in the Mtskheta-Mtianeti region of the Republic of Georgia.

Carelift International's Objectives: Carelift has supplied the Primary Care Clinic in Mtskheta with more than \$79,000 in goods and may supply replications of this model clinic in Dusheti and Kazbegi, as well as another clinic in Mtskheta.

Carelift/USAID Regional Office, Tblisi. – Primary and Emergency Health Care

Carelift International's Objectives: Carelift sent more than \$169,000 in goods to contribute to the establishment of a new pediatric intensive care unit at the Jo Anne Medical Center, located at Children's Hospital #2, 21 Lubilian Street in Tblisi. The Jo Anne Medical Center is a well-regarded pediatric, cardiac diagnosis, surgery and treatment facility.

Carelift shipped more than \$242,000 (in total) in goods to Maternity Houses in Sukhumi and Zugdidi. The Maternity House in Sukhumi is located in an area that is currently experiencing civil unrest and conflict. Shipments to these recipients required high-level governmental approval. Carelift expects the USAID Regional Office to request re-supply to these Maternity Houses in either FY '02 or '03.

KAZAKSTAN

Astana/Pittsburgh, PA - Primary Health Care

US Partner: Pittsburgh Mercy Health System leads a consortium that includes: Sto-Rox Health Center, Allegheny County Health Department, Family Health Council Inc., Graduate School of Public Health, University of Pittsburgh, Pittsburgh Police Department, Women's Center and Shelter, Allegheny County Department of Human Services, and the Carlow School of Nursing.

NIS Partner: The Astana City Health Administration is the lead Astana partner. The City Health Administration identified Children's Polyclinic #6 as the site for the new Family Medicine Center.

Partnership Objectives: The overall goal of the partnership is to foster the development of prevention-oriented, family-based primary care, with integrated delivery of social services in Astana.

Carelift International's Objectives: Carelift supplied a Primary Care Clinic in Astana with more than \$31,000 in goods and may re-supply the clinic in FY '02 or '03.

KYRGYZSTAN

Bishkek /Reno, NV - Primary Health Care

US Partner: The University of Nevada School of Medicine has assembled a consortium including: the Nevada Rural Hospital Project, Washoe Medical Center, University Medical Center, Clark county Health Department, and the State of Nevada health Division.

NIS Partner: The Kyrgyz State medical Academy is the lead partner.

Partnership Objectives: The partnership will enhance the quality of education in Family Medicine, Nursing and Health Care Administration by creating model curriculum and faculty development programs that support the goals of the Kyrgyz Republic's Manas healthcare reform program.

Carelift International's Objectives: Carelift shipped with more than \$90,000 in goods to the Family Medicine Center at the Kyrgyz State Medical Academy and may re-supply the Center in FY '02 or '03.

MOLDOVA

Chisinau, Moldova/Minneapolis, MI - Emergency Medicine

US Partner: Hennepin County Medical Center in Minneapolis, Minnesota.

NIS Partner: the City Ambulance Center, Republican Clinical Hospital, the Medical University of Moldova, and the Ministry of Health in Chisinau, Moldova.

Partnership Objectives: The general areas of partnership focus are emergency medical services, medical education, surgery, cardiovascular medicine and surgery, and nursing education & reform and women's health.

Carelift International's Objectives: Carelift has supplied the Emergency Hospital with more than \$3.3 million in goods and services.

Chisinau, Moldova/Norfolk & Portsmouth, VA - Primary Health Care

US Partners: Eastern Virginia Medical School (EVMS) is the lead organization. EVMS has formed a consortium with the following institutions: Portsmouth Family Medicine Residency Program - a unit of EVMS, the Norfolk Department of Public Health, a unit of the Virginia Department of Health, and the Portsmouth Community Health Center, Inc.

NIS Partner: The Moldovan partners have also formed a consortium. The members of the consortium are the Ministry of Health of the Republic of Moldova, the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova (SMPU), the City of Chisinau Department of Health, and the Botanica and Cahul District Health Administrations and the Consultative Diagnostic Center of the Botanica District.

Partnership Objectives: Establishment of model community-based family medicine centers focused on health care delivery, health promotion and disease prevention. The centers will also be used for residency training.

Carelift International's Objectives: Carelift contributed more than \$500,000 in pharmaceuticals to "Operation Provide Hope" that delivered these drugs to various primary healthcare clinics in Moldova in 8/00. Carelift has also delivered (in total) more than \$500,000 in goods and services to the *Botanica*, *Virginia*, and *Dalia* primary Care Clinics and may re-supply them in either FY '02 or '03. The American Partner has asked Carelift to support another Primary Care Clinic in the northern part of the country and to equip 2 Family Medicine Teaching Centers.

RUSSIA

Moscow/Pittsburgh, PA - Multi-Program

US Partner: Magee-Women's Hospital, Pittsburgh, Pennsylvania.

NIS Partner: Savior's Hospital for Peace and Charity (& Birth House) and the Main Medical Administration of Moscow, Russia.

Partnership Objectives: The general areas of partnership focus are maternal and child health, family planning, consumer and community education, and hospital administration.

Carelift International's Objectives: Carelift delivered more than \$142,000 in equipment and supplies to the Savior's Hospital and may ship a small re-supply of goods in FY '03, if needed.

Khabarovsk/Lexington, KY – Primary Health Care

US Partner: A collaboration between the University of Kentucky, the University of Kentucky Center for Excellence for Rural Health, and the Kentucky Department of Public Health.

NIS Partner: The Khabarovsk Krai Health Department and Pereyaslavka Rayon Hospital and Polyclinic.

Partnership Objectives: The general goal is to improve the delivery of primary healthcare to the residents of the Lazo Region, particularly to high-risk groups.

Carelift International's Objectives: Carelift plans to support a Women's Wellness Center and may extend support to its referral Hospital.

Kurgan & Shchuche/Fox Cities, WI – Primary Health Care

US Partner: ThedaCare is the lead organization. It includes Appleton Medical Center and Theda Clark Hospitals.

NIS Partner: The Partners include: The Kurgan Oblast Administration, Shchuche District Administration, Central District Hospital of Shchuche, and the Kurgan City Maternity Hospital.

Partnership Objectives: The overall goal is to create a successful and replicable model of healthcare delivery for the Kurgan Oblast.

Carelift International's Objectives: Carelift has delivered more than \$147,000 to the Kurgan Maternity Home #11 and may send a limited re-supply in FY '03. Carelift has also agreed to equip the Primary Care Center at the Shchuche Rayon Hospital.

UKRAINE

Lviv/Buffalo, NY - Multi-Program

US Partner: Millard Fillmore Health Systems and the SUNY Buffalo School of Medicine and Biomedical Sciences in Buffalo, New York.

NIS Partner: Lviv Perinatal Center.

Partnership Objectives: This partnership project emphasizes obstetrics and infection control.

Carelift International's Objectives: Carelift has delivered more than \$143,000 in goods to the Perinatal Center and may re-supply it in FY '02 or '03.

Lviv/Buffalo, NY - Multi-Program

US Partner: Millard Fillmore Health Systems and the SUNY Buffalo School of Medicine and Biomedical Sciences in Buffalo, New York.

NIS Partner: Lviv Railway Hospital.

Partnership Objectives: This partnership project emphasizes gynecology and resource center development.

Carelift International's Objectives: Carelift has delivered more than \$84,000 in goods to the Railway Hospital. No re-supply is needed except for instruments and lab equipment. Carelift

is investigating whether these items can be acquired by donation and if a replacement of an older model mammography machine is warranted.

Donetsk/Pittsburgh, PA - Primary Health Care

US Partner: Magee Womancare International (MWI) is the lead organization. It consists of 5 core organizations: Allegheny County Health Department, United Mine Workers of America, University of Pittsburgh Graduate School of Public Health, and University of Pittsburgh Medical Center Department of Family Medicine and Clinical Epidemiology.

NIS Partner: The Donetsk Oblast Health Administration, the Kramatorsk Central City Hospital, and the polyclinic at Donetsk City Hospital #25.

Partnership Objectives: To develop a model community-based primary care site at City Hospital #25 that will provide family-focused services, women's wellness services, and miner's health services and to develop a model community-oriented women's wellness program at Kramatorsk Central City Hospital.

Carelift International's Objectives: Carelift has shipped (in total) more than \$127,000 in goods to the Women's Wellness Center at the Kramatorsk Birthing Center and the Miner's Health Center at City Hospital #25.

Kharkiv/La Crosse, WI - Primary Health Care

US Partner: The La Crosse International Health Partnership is composed of Gundersen Lutheran Medical Center and Franciscan Skemp Healthcare (an affiliate of the Mayo Health System).

NIS Partner: The Kharkiv Oblast Health Administration, the Kharkiv Student Polyclinic and the Chuguev Rayon Hospital.

Partnership Objectives: To improve the delivery of primary care within two demonstration sites: the Kharkiv Student's Polyclinic and Chuguev Rayon Health System.

Carelift International's Objectives: Carelift plans to support a Primary Care Center in Korobochinko and a student Clinic.

Kiev/Philadelphia, PA - Primary Health Care

US Partner: Under the leadership of the Temple University Center for European Studies, the consortium consists of Temple University (Primary Care Institute and the Departments of Family Medicine, Obstetrics and Gynecology, Health Studies/Public Health and the Health and Services Administration), Widener University Department of Health and Medical Services Administration, the Crozer-Keystone Health System, the Health Federation of Philadelphia, and ELWYN, Inc.

NIS Partner: The City Health Administration of Kiev, Ukraine and the Central Polyclinic of the Kharkiv District of the City of Kiev

Partnership Objectives: The development and promotion of community based primary health care in the Kharkiv District.

Carelift International's Objectives: Carelift has been asked to support a replication of a model Family Medicine Center in Kiev.

Uzhgorod/Corvallis, OR - Primary Health Care

US Partner: Corvallis Sister Cities Association in collaboration with the Oregon Health Sciences University (Department of Family Medicine), Corvallis Family Medicine, Western

Oregon University (Department of Health Education), Benton County Health Department, Good Samaritan Hospital, The Corvallis Clinic, Oregon State University Health Care Administration Program, Benton Hospice, Benton County Community Outreach, and Oregon Academy of Family Physicians.

NIS Partner: Zakarpatska Oblast Hospital, Central Velykoberesnyanska Rayon Hospital, and Zakarpatska Oblast Health Administration.

Partnership Objectives: To improve access and quality of community-based primary health care and the overall health status of the population in the Transcarpathian Oblast.

Carelift International's Objectives: Carelift has delivered more than \$57,000 in goods to the Family Medicine Training Center in Uzhgorod. Re-supply shipments will be made, if needed.

UZBEKISTAN

Ferghana & Tashkent/Atlanta, GA - Urgent Care/Trauma Services

US Partner: The Grady Health System, Emory University, the Rural/Metro Ambulance Service, the Emory and Morehouse Schools of Medicine, the Rollins School of Public Health, Grady Memorial Hospital, and the Georgia Poison Center.

NIS Partner: The Republican Center for the Provision of Urgent Medical Aid (RCPUMA) in Tashkent, and its regional affiliate in the Ferghana Region.

Partnership Objectives: To develop a model regional urgent care system that can be replicated nationally.

Carelift International's Objectives: Carelift has already delivered more than \$200,000 to Ferghana and may re-supply the Emergency District Hospital there in FY '02 or '03. Carelift also plans to equip and supply the main Emergency District Hospital in Tashkent.

ATTACHMENT C

(Agenda: Carelift Conference, Kiev Ukraine)

CARELIFT CONFERENCE for COUNTRY LIAISON COORDINATORS (CLCs)

Armenia-Mr. Aram Babayan; Georgia –Mr. David Lekishvili; Moldova-Dr. Victor Vovc

Ukraine-Mr. Ihor Nykolyn and Dr. Ihor Stupnytskyy

Kiev, Ukraine - September 10 & 11, 2001

Dnipro Hotel, 1½ Khreschatyk St., Kyiv, Ukraine, 01001

Tel: 38044 2918450; Fax: 38044 2298213; <http://www.dniprohotel.kiev.ua>

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Sunday, September 9: 1:00-4:00 PM (city bus tour)

5:30 –7:30 PM Reception, followed by Dinner at the Hotel

(Business attire requested for Reception/Dinner; casual dress acceptable otherwise)
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Day 1 – Monday, September 10, 2001

<i>TIME</i>	<i>TOPIC</i>	<i>PRESENTER</i>
9:00 – 10:30 AM <u>Welcome</u>	Goal of Conference <u>Introductions:</u> Identify the problem that most requires resolution <u>Executive Secretariat</u> <u>USAID Contract</u> <u>AIHA Regional Operations</u>	J. & L. Gloss Every attendee is expected to contribute Ginnetti Caulfield Nykolyn/Voskresenska
10:30 – 10:45 AM	Break	
10:45 – Noon	<u>Project Assessments:</u> advantages of scheduling with American partner, “Agreement” forms, waste management issues, maintenance contracts, acquisition of initial “Wish List” & approval process, and knowledge of current inventory	Leshner, CLCs who have participated in assessments
Noon – 1:30 PM	Lunch	
1:30 – 2:45 PM	<u>Shipping & Customs Issues:</u> Notice, payment problems, clearances, & paperwork	Frank, Leshner, Lekishvili, Babayan, Nykolyn, Vovc
2:45 – 3:00 PM	Break	
3:00 – 4:00 PM	<u>Technical Training Needs:</u> installation, tools, space, translations, & photos <u>Carelift’s Web Site & Links</u> <u>Photo-Taking</u>	Kilpatrick, Lekishvili, Stupnytskyy, Vovc
4:00 – 4:30 PM	<u>Maintenance Contracts:</u> importance of, reporting schedule, payments	Frank, Leshner, CLCs

CONFERENCE – Day 2 – Tuesday, September 11, 2001

<i>TIME</i>	<i>TOPIC</i>	<i>PRESENTER</i>
9:00 – 10:00 AM	<u>Publicity:</u> Importance, effective information exchange, advance notice, photos, local news links, USAID Regional Office assistance, signs for each facility	Kilpatrick, CLCs
10:00 – 10:15 AM	Break	
10:15 – 10:30 AM	<u>Medical Waste Management</u>	Caulfield, Vovc
10:30 – 11:30	<u>Project Evaluations:</u> current assignments, forms, limits of authority, important issues, follow-ups	Caulfield
11:30 - Noon	<u>Travel Advice:</u> Customs, health issues, safety, transportation, entertainment, money	Babayan – Armenia Lekishvili – Georgia Vovc – Moldova (note: Mr. Nykolyn & Dr. Stupnytskyy will give visitors advice at the September 9 reception)
Noon – 1:30 PM	Lunch	
1:30 – 2:30 PM	<u>Lessons Learned From This Meeting</u>	Every attendee is expected to contribute
2:00 – 3:30 PM (Note: business attire is required when performing assessments at the recipient project site)	<u>Trip Preparation:</u> Lviv, Ukraine Perinatal Center Lviv, Ukraine Railway Hospital Kutaisi, Georgia Women's Wellness Center & Mtskheta-Mtianeti, Georgia Primary Care Center Chisinau, Moldova Emergency Hospital & Botanica Clinic & Cahul, Moldova Clinic	Nykolyn, Stupnytskyy Nykolyn, Stupnytskyy Lekishvili, Rosenzweig Vovc, Sieber

ATTACHMENT D

(Minutes: Carelift Conference, Kiev Ukraine)

MINUTES
CARELIFT CONFERENCE FOR COUNTRY LIASON COORDINATORS (CLCs)
KYIV, UKRAINE
SEPTEMBER 10 & 11, 2001

CALL TO ORDER: CEO Jeffrey Gloss called to order day one of the conference at 9:00 AM on Monday, September 10, 2001 at The Dnipro Hotel, ½ Khreschatyk St., Kyiv, Ukraine, 01001. The following individuals were present: Staff: C. Caulfield, C. Frank, P. Ginnetti, J. Gloss, L. Gloss, Jenny Anne Horst-Martz, J. Kilpatrick, S. Leshner, P. Osimo, D. Rosenzweig, M. Sieber; CLCs: Armenia – Mr. Aram Babayan, Georgia – Mr. David Lekishvili, Moldova – Dr. Victor Vovc, Ukraine – Mr. Ihor Nykolyn and Dr. Ihor Stupnytsky; Special Guest: Elena Voskresenska, Active Regional Coordinator – AIHA Kyiv Regional Office.

WELCOME & GOAL OF CONFERENCE: Jeffrey Gloss welcomed all attendees and set the tone for the conference urging the staff and CLCs to openly discuss and identify problems and resolutions to those issues thereby making their jobs easier and more efficient. J. Gloss thanked C. Caulfield for the coordination of the conference. All attendees then introduced themselves along with their role within the organization.

ACTIVITIES & PRIORITIES:

1. **AIHA Regional Operations** – E. Voskresenska advised that the AIHA regional office opened in 1999 – its mission is to improve overall health within Ukraine. Future goals consist of partnerships, which are geared toward the development of sustainability within the next two years and to evaluate the successes of clinics. E. Voskresenska presented a slide presentation indicating the following:
 - a. AIHA is building a platform for growth
 - b. Forms of government or privately sponsored development assistance:
 - Washington, DC Office – Works with U.S. partners
 - Regional Office – Receives monthly reports from clinics (which began in February) containing statistical information - reports are submitted from region to Washington, DC office that then prepares quarterly reports.
 - c. Everyday Relationships:
 - Suggested Carelift work with regional office in Kyiv - strategic decisions are made by Washington, DC and further suggested that Carelift should speak with them regarding any of those decisions. J. Gloss advised that Carelift is more driven by what NIS office advises and does better working with a list.
 - Partners develop list of equipment needed and then submits it to Washington, DC office who then gives final approval and provides list to Carelift.

- Regional offices do not make decisions on work plan – regional office reviews work plan for comments back to Washington, DC. D. Lekishvili interjected by stating that he is in need of assistance with customs issues for donations of disposables and equipment. C. Caulfield advised that in order for Carelift to evaluate successes/outcomes must get feedback from both government and AIHA. J. Gloss advised that it is difficult for Carelift to measure the impact if AIHA changes its focus. D. Rosenzweig questioned the timing of RFPs. **Decision:** C. Caulfield and J. Horst-Martz will be meeting with E. Voskresenska off-line to discuss the work plan which has a submission deadline of next week.

Next Steps:

- a. **C. Caulfield** and **J. Horst-Martz** will meet with **E. Voskresenska** off-line to discuss the work plan, which has a submission deadline of next week.
2. **Administration** – P. Ginnetti advised that she is in need of resumes from all CLCs. A. Babayan provided P. Ginnetti with his resume on disk and all remaining CLCs were asked to e-mail same to P. Ginnetti at their earliest convenience.

Next Steps:

- a. Remaining **CLCs** will forward their resumes to **P. Ginnetti** so that same may be provided to USAID at their request.
3. **Introductions** – Each attendee briefly identified problems that most requires resolution:
 - a. S. Leshner – Shipping processes will be discussed at a later point in conference;
 - b. J. Kilpatrick – Issues may arise when he discusses publicity processes;
 - c. I. Nykolyn – Financial issues to be discussed during course of conference;
 - d. I. Stupnytsky – Financial issues to be discussed during course of conference;
 - e. V. Vovc – Change of policy – State/Private Medicine – Importing items into Moldova requires “requests” and “certificates of quality” for equipment. J. Gloss recommended sending a document with each shipment certifying and approving equipment - V. Vovc further added that it be written in English. J. Gloss suggested bringing together manufacturers and decision makers in Moldova for supply of ongoing equipment, thereby providing sustainability.
 - f. A. Babayan – Large bureaucratic problem in Armenia with customs. J. Gloss questioned if A. Babayan knew of a private organization that was successful in bringing foreign aid into Armenia and stated that all humanitarian aid should come in as tax-free but stressed that recipients are not tax-free. **Decision:** J. Gloss advised that A. Babayan should speak with I. Nykolyn and M. Sieber regarding their successes with resolving these types of issues and in addition, when he returns to the U.S., he (J. Gloss) would speak with successful Armenian organizations to determine how they have resolved this problem.

- S. Leshner interjected by stating that Kim Delaney advised that USAID is working in Armenia in getting donations in as tax-free.
- P. Osimo advised that donations are being taxed as an asset by the government – they did not have a complete packing list accompanying shipment – doesn't state, "free of duty and asset tax".
- M. Sieber advised that Carelift needs to step back at this important stage to evaluate processes thus far.
- D. Lekishvili advised that DHL and UPS currently have relationships with customs and that pre-authorization works best with customs – goes to customs quite often and they know him there - problem is that sometimes goods received are not proper for each facility – they will then donate equipment to another facility. Once initial facility receives goods they have issue with value and money they then receive since they received a donation – even thought they passed to another clinic. Need to refine what equipment goes where. Technical support is very necessary to each clinic and if they do not have a service manual for equipment – this presents a problem – equipment will never be used. J. Gloss questioned what the real cost for getting clearance at customs – can we piggyback with UPS & DHL?
- A. Babayan advised that customs storage is not always in good condition – humidity, etc.

Next Steps:

- a. **A. Babayan** will speak with **I. Nykolyn** and **M. Sieber** regarding their successes with resolving customs issues in the past.
 - b. **J. Gloss** will speak with successful Armenian organizations in the U.S. to determine how they have resolved customs problems when he returns to the U.S.
4. **USAID Contract - C. Caulfield:**
- a. Directed all to review page 3 of handouts entitled "Carelift International's Overseas Representatives" for any changes to addresses, phone numbers and e-mail addresses. Those changes were noted by both C. Caulfield and P. Ginnetti.
 - b. Directed all to review page 4 of handouts entitled "USAID Cooperative Agreement" and stressed that evaluations must not only be quantitative but qualitative.
 - c. C. Caulfield presented a slide of a letter from at the time, Carelift's COO, Joseph Welsh, dated March 31, 2000 directed to Marty Saggasse, Deputy Executive Director AIHA in Washington, DC. The letter indicates that the only problem AIHA sees so far relates in the way Carelift handles requests for assistance from representatives of institutions that are not in Carelift's work plan. Carelift's standard response from now on to individuals from US or overseas institutions (not currently designated as an AIHA/CI recipient) asking for assistance will be for them to request same in writing. Requests will then be reviewed along with any others received at next

regularly scheduled Carelift planning meeting. When appropriate, copies of written requests will be sent to AIHA for file. J. Gloss, J. Horst-Martz and D. Rosenzweig suggested a standard form be created for such requests.

- d. Directed all to review pages 7, 8 and 9 of handouts entitled “Country/Project Assignments” and “Job Description – Regional Program Coordinator, NIS” for both M. Sieber and D. Rosenzweig so that CLCs are clear on their line of supervision. CLCs will receive work assignments (work authorizations), which will be e-mailed to CLCs.
5. **Project Assessments** - S. Leshner advised that Carelift is changing its procedures on assessments, previously an informal process. Carelift is working with the following groups:
- a. U.S. Group & NIS Group – Work together on work plan and development of a plan to establish a center and then provides list to Carelift. Carelift then performs an assessment on their needs. S. Leshner stressed that Carelift will not send equipment to a center that the center itself cannot maintain.
 - b. AIHA - Are responsible for their regions and M. Sieber and D. Rosenzweig have contact with them.

Question: D. Rosenzweig stated that if Carelift is moving away from assessments to more evaluations how can Carelift take on potentially new projects? J. Gloss advised that at sometime Carelift must take in as much statistical data as possible from AIHA and fold in to our base line.

- c. C. Caulfield reviewed the following:
 - Distributed to all attendees a handout entitled “AIHA Partnerships & Non-AIHA Project Progress 11/99 – 9/01” the following was discussed:
 - Leshner and M. Sieber provided background information on the Zugdidi area. D. Lekishvili advised that he has no problem with going to that region.
 - C. Caulfield provided background information on USAID/Armenia/PADCO project, which are 3 separate projects - PADCO made the target selection, which will be “booked” on “Carelift” projects.
 - C. Caulfield stated that she would like CLCs and maintenance contractors to look at projects listed to determine if they are sufficiently supplied; whether they need more; and whether Carelift should be considering them for re-supply and advise her of same tomorrow.
 - Presented an overhead slide listing potential projects for FY’02. Advised that Azerbaijan is not a country we really want to consider – doesn’t want to start with new countries.
 - J. Gloss advised that he recently received a call from the American Cancer Society who was referred by Soros regarding a donation they received of 50 mammography units from

Siemens - we may have 50 units in perfect working order but Carelift must check the units first before accepting same.

- Ukraine – Primary Care Clinic – Possibility of a hospital.
 - Tajikistan – Don't want to go to new counties – take out.
- d. M. Sieber & V. Vovc advised that several ventilators delivered years prior are no longer functioning and are in need of service. **Question:** How should we address this issue? **Decision:** M. Sieber, V. Vovc and S. Leshner will meet off-line regarding the upgrade to new machines. D. Lekishvili suggested that if we know the HP model numbers he could possibly approach HP for donation for inoperable equipment.

Next Steps:

- a. **M. Sieber, V. Vovc and S. Leshner** will meet off-line regarding inoperable ventilators and the possibility of upgrading to new machines.
6. **Shipping & Customs Issues** – S. Leshner presented slides of the following:
- a. Packing List – Carelift has made some changes to this document. Previously, Carelift had no way of e-mailing to CLCs the new version but can now export to Adobe Acrobat (.pdf file). Packing lists are forwarded to Carelift's partner, CLCs (via DHL or other mail service), AIHA Regional Office along with M. Sieber and D. Rosenzweig.
 - b. Bill of Lading – This particular document is prepared by the U.S. State Department.
 - c. Commercial Invoice – This document is broken into categories with harmonizing codes with number of pieces, weight and value (value Carelift gives equipment/supplies internally and is not used for audit purposes) - all documents clearly state “no commercial value”.
 - d. Correspondence to Customs Officer – This sample letter to the Customs Officer is prepared by Panalpinia (foreign freight forwarder).
 - e. Certificate of Origin.
 - f. Letter of Donation – Presented a slide of a “sample” Letter of Donation that is prepared by Carelift.
 - g. Commercial Invoice – Prepared by Carelift.
 - h. Quality Certificate - Is required by the Federal Drug Administration stating that it meets standards for pharmaceutical shipments only.

S. Leshner stated that documentation issues with customs vary from country to country. Carelift does receive free shipping through the State Department but the shipment ratio must be 10 to 1.

J. Gloss advised that recipient countries must draw upon their own resources to resolve these issues.

D. Lekishvili advised that the tax in the Republic of Georgia is 1% a year for capital equipment and there is no tax on disposables. J. Horst-Martz suggested that on the Bill of Lading Carelift reduce the value of capital equipment and increase the value of disposables. J. Gloss and S. Leshner advised that we need to discuss the tax issue off-line.

7. **Maintenance Contracts** - C. Frank presented a slide presentation of the following:

- a. Per Diems for Travel (lodging/meals & incidentals) – C. Frank will provide copies of the per diem rates to the CLCs today for their future reference. In addition, C. Frank advised that Carelift has in place a travel policy and will e-mail a copy of same to all CLCs.
- b. Expense Report – Directed all to page 14 of the handouts entitled “Carelift International – Expense Report USAID” and advised that she would e-mail a copy of the same to each CLC for future use. C. Frank advised that CLCs may ask for advances via this expense report.
- c. Time Sheet – Directed all to page 16 of the handouts entitled “Weekly – Time Sheet” and advised that CLCs should indicate on this document hourly charges per week which she requested be sent in to her on a monthly basis.
- d. Purchase Orders – Directed all to page 15 of handouts entitled “Carelift International – USAID – Purchase Order” advising that CLCs must complete and forward in purchase orders for purchases directly related to the partnerships.
- e. C. Frank further advised that CLCs must capture all donations of in-kind services and forward same to her for documentation purposes.

Next Steps:

- a. **C. Frank** will provide copies of per diem rates along with Carelift’s travel policy to CLCs for their reference.
- b. **C. Frank** will e-mail the expense report to CLCs for their use.

8. **Technical Training Needs** - J. Kilpatrick presented a slide show indicating the following:

“Carelift International Training Program – CLC Check List for Training” found on pages 10 and 11 of the handouts. This document lists items and actions that need to be completed before and during training at a medical center or hospital. It should be understood that each country is different and some items may vary. Discussed was the issue regarding the training plan and operation manuals that must be translated into the local language. J. Gloss suggested that Carelift purchase perhaps through ECRI, medical terminology dictionaries, which can then be forwarded to the CLCs.

ADJOURNMENT: Day one of the conference ended at 4:30 PM.

CALL TO ORDER: CEO Jeffrey Gloss called to order day two of the conference at 9:00 AM on Tuesday, September 11, 2001 at The Dnipro Hotel, ½ Khreschatyk St., Kyiv, Ukraine, 01001. The following individuals were present: Staff: C. Caulfield, C. Frank, P. Ginnetti, J. Gloss, L. Gloss, Jenny Anne Horst-Martz, J. Kilpatrick, S. Leshner, P. Osimo, D. Rosenzweig, M. Sieber; CLCs: Armenia – Mr. Aram Babayan, Georgia – Mr. David Lekishvili, Moldova – Dr. Victor Vovc, Ukraine – Mr. Ihor Nykolyn and Dr. Ihor Stupnytsky.

ACTIVITIES & PRIORITIES (CONTINUED): J. Gloss advised that day two of the conference will end earlier than expected as he along with D. Rosenzweig and M. Sieber will be meeting with USAID at 2:00 PM and a tour of the Railway Hospital with Carelift personnel will be taking place at 4:30 PM. J. Gloss reflected by stating that we at Carelift International encourage new ideas, new concepts, and new people with relationships to be brought to the table for consideration.

9. **Publicity** - J. Kilpatrick advised the following:

Newsletter – J. Kilpatrick distributed to all attendees Carelift’s Spring 2001 newsletter for review.

Checklist - J. Kilpatrick presented overhead slides found on pages 20, 21 and 22 of the handouts entitled “CLC Check List for Publicity” and indicated that it is essential to tell the story of Carelift’s activities to as many people as possible. I. Nykolyn echoed that statement by sharing the story about the couple that recently gave birth and used Carelift’s donated monitors - J. Kilpatrick advised that this specific story would be highlighted in Carelift’s Fall 2001 newsletter. S. Leshner asked the CLCs whether there were any other websites in the Ukraine that Carelift should be linked to and if so, to provide that information to J. Kilpatrick. J. Gloss advised that Carelift should be linked to the Ukrainian Catholic Weekly Newspaper in the United States and suggested USAID in Ukraine. **Question:** V. Vovc asked whether original photos should be mailed in to Carelift. **Decision:** J. Kilpatrick advised that actual photographs or undeveloped film is to be mailed in directly to Carelift. J. Gloss advised that a Carelift banner should be prepared and sent to all CLCs so that they can have same on-hand for future events/press conferences. J. Kilpatrick advised that he will need a letter from home country television stations giving Carelift written authorization to reproduce and copyright any broadcasts.

Photographs – J. Kilpatrick presented overhead slides found on pages 12 and 13 of the handouts entitled “The Importance of Taking Nice Photographs”. C. Caulfield reiterated by stating that USAID in Washington, DC wants Carelift to make “noise” in the countries we assist.

Next Steps:

- a. **CLCs** will provide **J. Kilpatrick** with information regarding any websites that they believe would be beneficial for Carelift to be linked with.
- b. **CLCs** will mail in directly to **J. Kilpatrick** original photographs/undeveloped film to be used for publicity purposes.
- c. **Carelift** will provide **CLCs** with a Carelift banner to be used for future events/press conferences in country.

- d. **CLCs** will obtain written authorization from in-country television stations granting reproduction/copyright of any said broadcasts that take place for future use by Carelift.
10. **Maintenance Contracts (continued)** – C. Caulfield directed all to pages 17 and 18 of the handouts “Agreements: Carelift International and *recipient institution*”. C. Caulfield advised that I. Stupnytskyy’s report should be forwarded to D. Rosenzweig who is his immediate supervisor along with copies to go to C. Frank, S. Leshner and J. Horst-Martz. **Question:** I. Stupnytskyy questioned whether one report should go to D. Rosenzweig, one separate report to C. Frank, etc. **Decision:** C. Caulfield advised that all information must be captured in one report (financial, technical, etc.) and be forwarded to all. J. Gloss asked that C. Frank prepare a sample report format for use by I. Stupnytskyy as a frame of reference. D. Lekishvili advised that sometimes the doctors are not properly working with the donated equipment. D. Lekishvili performs long and short tests on equipment once a month. V. Vovc and M. Sieber met yesterday. Anesthesia machine needs work – Q. McVay was not successful during his visit in December to resolve the problem with the machine. C. Caulfield stressed the importance of documenting maintenance work performed so that we are kept appraised. D. Rosenzweig added that as we take on more projects – maintenance needs will increase. L. Gloss questioned whether D. Lekishvili sends out “trouble-shooting” lists rather than at every problem physically going to center to fix the machine. D. Lekishvili advised that he does but that the “trouble-shooting” list is very long – in reality it is not practical. S. Leshner advised that he spoke with D. Lekishvili regarding his ability to go to Armenia and he can travel from Georgia to Armenia.
- a. Training at end of September at 3 sites in Armenia – D. Lekishvili will go with Carelift representative to perform training.
- b. S. Leshner also spoke with D. Lekishvili and I. Stupnytskyy regarding training now since Q. McVay is limited in the amount of traveling he can do (we have CLCs that are well capable of doing the job so we must now utilize their skills).

Next Steps:

- a. **C. Frank** will draft a sample report format for use by CLC’s that they may use as a frame of reference for submission to Carelift.
11. **Project Evaluations** – C. Caulfield directed all to pages 23 and 24 of the handouts entitled “Evaluation Report” and advised the following:
- P. Holmes at USAID gave a lot of input of what Carelift needs to do when we go to evaluations.
- Critiques are important – **Question:** Has Carelift contributions helped recipient to implement the training provided by partnership goals?
- Question:** What barriers need to be overcome?
- J. Horst-Martz advised that measurable statistical information is important – make sure only regarding Carelift materials and not equipment donated by others.

J. Gloss advised that recognition is important to USAID – getting what they have done recognized – perhaps an award plaque.

12. **Medical Waste Management** – C. Caulfield advised that Carelift needs to identify one individual at each center responsible for waste management. S. Leshner has sent many Sharps containers for used syringes **Questions:** Are they being used? What are they doing with them when they are filled? D. Rosenzweig advised that AIHA is gathering statistical information so there is no need to duplicate this process. They have indicators that we will be able to use.

13. **Travel Advice** – C. Caulfield posed the following question to the CLCs: What should Carelift International be aware of during travel?

- a. Georgia – D. Lekishvili advised that many times the media reports bad situations in that region but rest assured – that region is ok and there are no current problems – although the electrical power does get shut off on occasion.
- b. Armenia – A. Babayan advised that there are no problems with visas.
- c. Moldova – V. Vovc advised that Moldova has lots of fruits, vegetables and good drink.
- d. Ukraine – I. Nykolyn advised that Kyiv is the most expensive city in Ukraine – has good connections with other European cities with flights twice a week to Frankfurt, Germany – most common form of transportation within the Ukraine is the train – there is stability in currency – exchange rate is good for the U.S.

14. **Issue & Actions Meeting Minutes** – J. Gloss distributed to all attendees the minutes of the “Issues and Actions Meeting” which took place on August 14, 2001. Going forward all CLCs will receive a copy of future minutes of these meetings so that they are apprised of developments within the organization.

Next Steps:

- a. **P. Ginnetti** will ensure that minutes of future “Issues and Actions Meetings” is forwarded to all CLCs for their reference.

LESSONS LEARNED FROM THIS CONFERENCE: Each attendee expressed what they have gained from their attendance at this conference.

1. C. Caulfield – Accomplished 50% of what she had wanted.
2. C. Frank – Time sheets were important to go over with CLCs.
3. I. Stupnytskyy – Happy to meet everyone and especially in meeting J. Gloss and L. Gloss – expressed his happiness to be a part of Carelift International and his continued service with regard to the Ukrainian project.

4. J. Horst-Martz – Invaluable orientation – has greater understanding of how things work.
5. L. Gloss – Conference served as an opportunity to connect with everyone. Conference was high point of vision and assistance with future opportunities for Carelift.
6. J. Gloss – Concurred with L. Gloss and feels the energy of the CLCs. Liviu Vedrasco had a good eye in spotting talent and is delighted that the CLCs are part of the team. Suggested that the next conference be held in the United States and will give the CLCs an opportunity to meet with Carelift's board of directors.
7. J. Kilpatrick – Has seen operational side of Carelift and was nice to know and be aware of customs issues.
8. D. Rosenzweig – Confirmation of his suspicions of Carelift – is refreshing.
9. V. Vovc – Conference is way of his country's problems being solved – through an American organization.
10. A. Babayan – Was an important meeting – meeting face-to-face is more effective than e-mail.
11. D. Lekishvili – When he sees partners face-to-face it is important – one thing to e-mail another thing to meet everyone. Important that we all understand the processes for him to get his job accomplished. Sees future plans. If CLCs know who donated equipment they could write to them informing them of good work they are doing with the equipment and thanking them – they may then donate more.
12. M. Sieber – Importance of brainstorming session and working with different minds – thrilled to see how important on same page and how decisions are made and to give input.
13. P. Ginnetti – Thrilled to have met CLCs and to learn of customs issues.

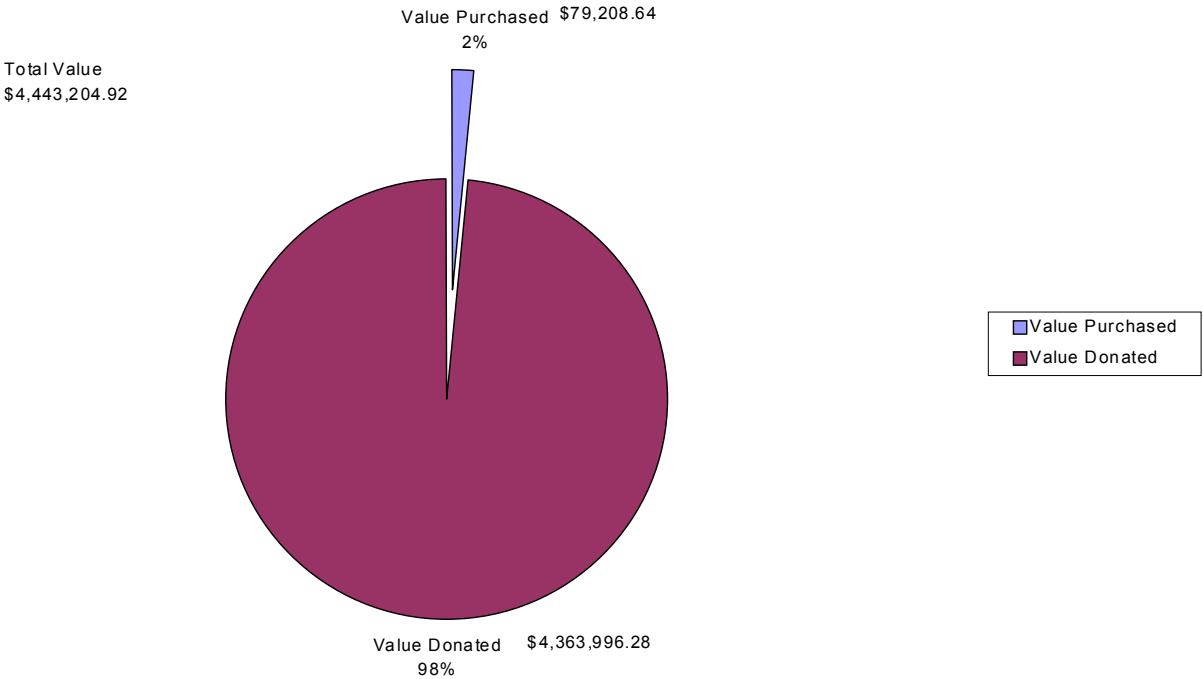
ADJOURNMENT: Day two of the conference ended at 11:45 AM.

ATTACHMENT E

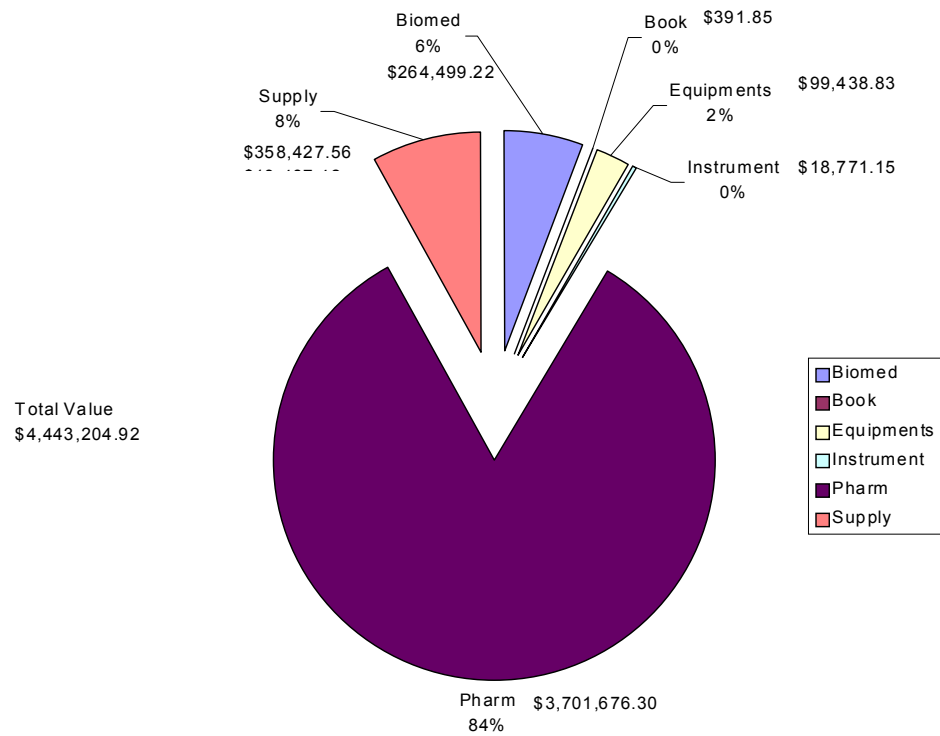
(Pie Charts: FY '00 Activity)

Note: wait 5 seconds for charts to appear or right double click to access charts

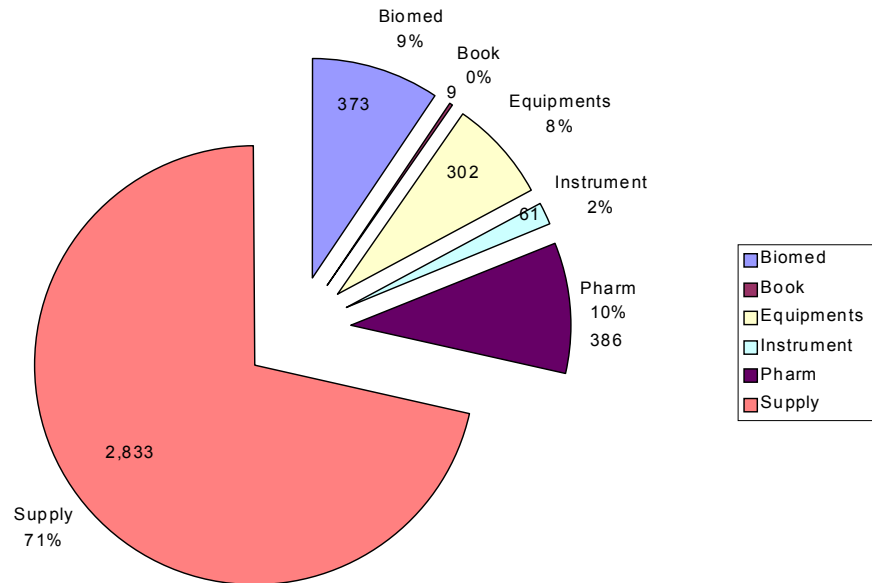
Percentage and Value of Donated and Purchased Items for USAID Shipments



Percentage and Value of Items Shipped for USAID Programs. Sorted By Category



Percentage of Total Product Shipped for USAID Programs



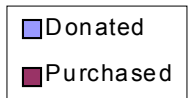
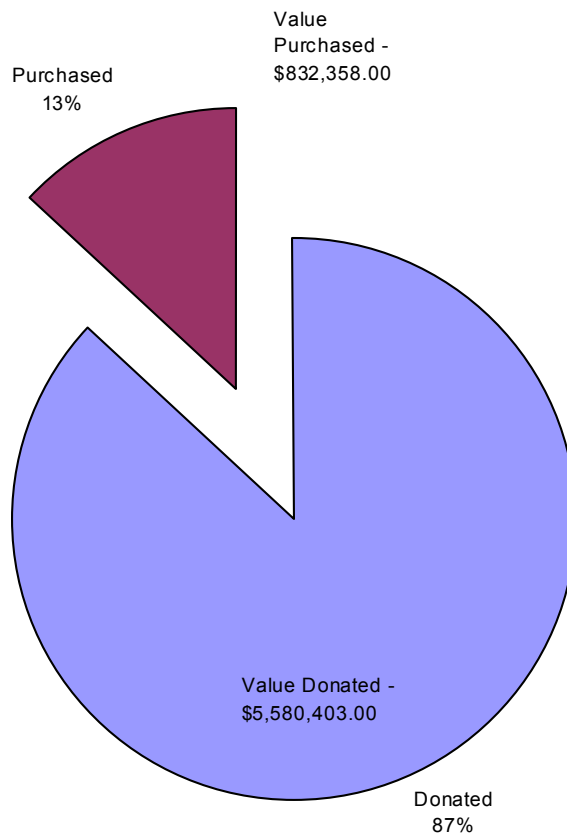
ATTACHMENT F

(Pie Charts: FY '00 and '01 Activity)

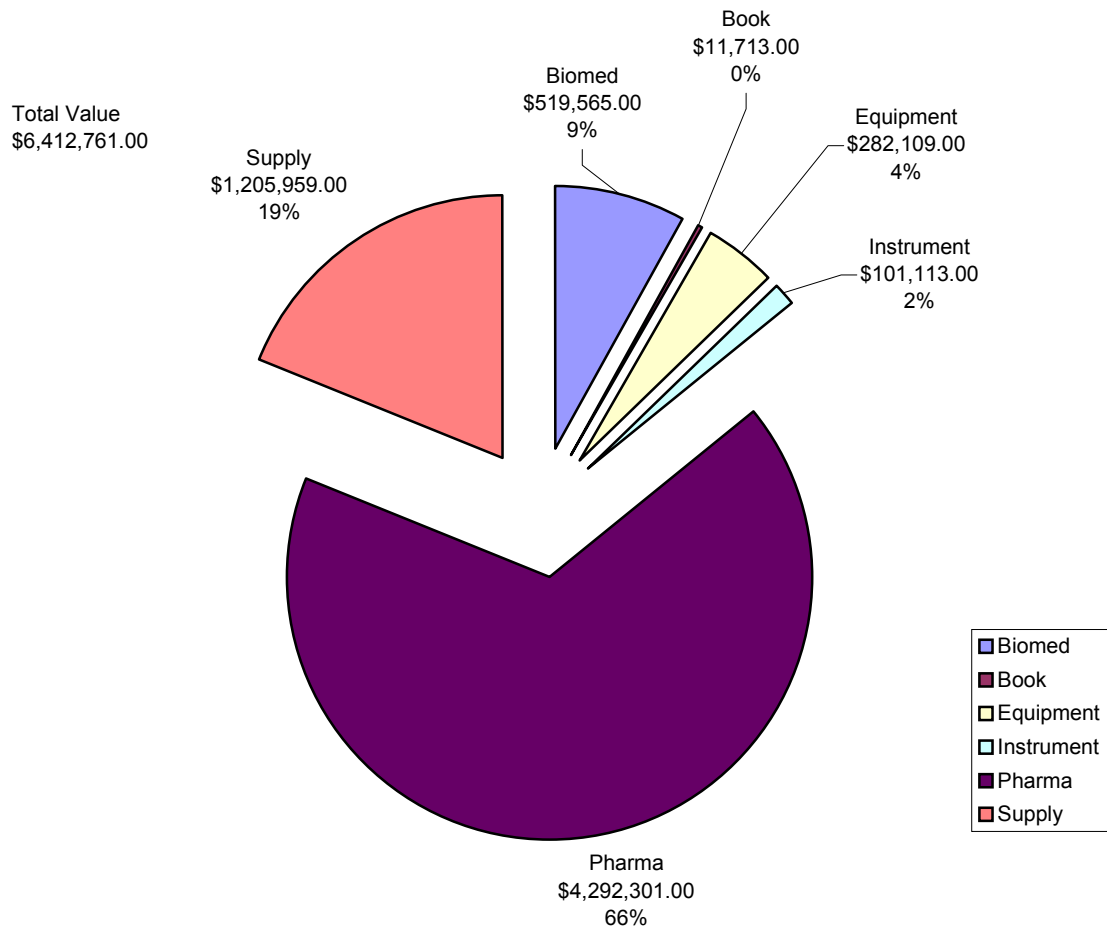
Note: wait 5 seconds for charts to appear or right double click to access charts

**Percentage and Value of Donated and Purchased Items For USAID Shipments
(11/1/1999 - 10/31/2001)**

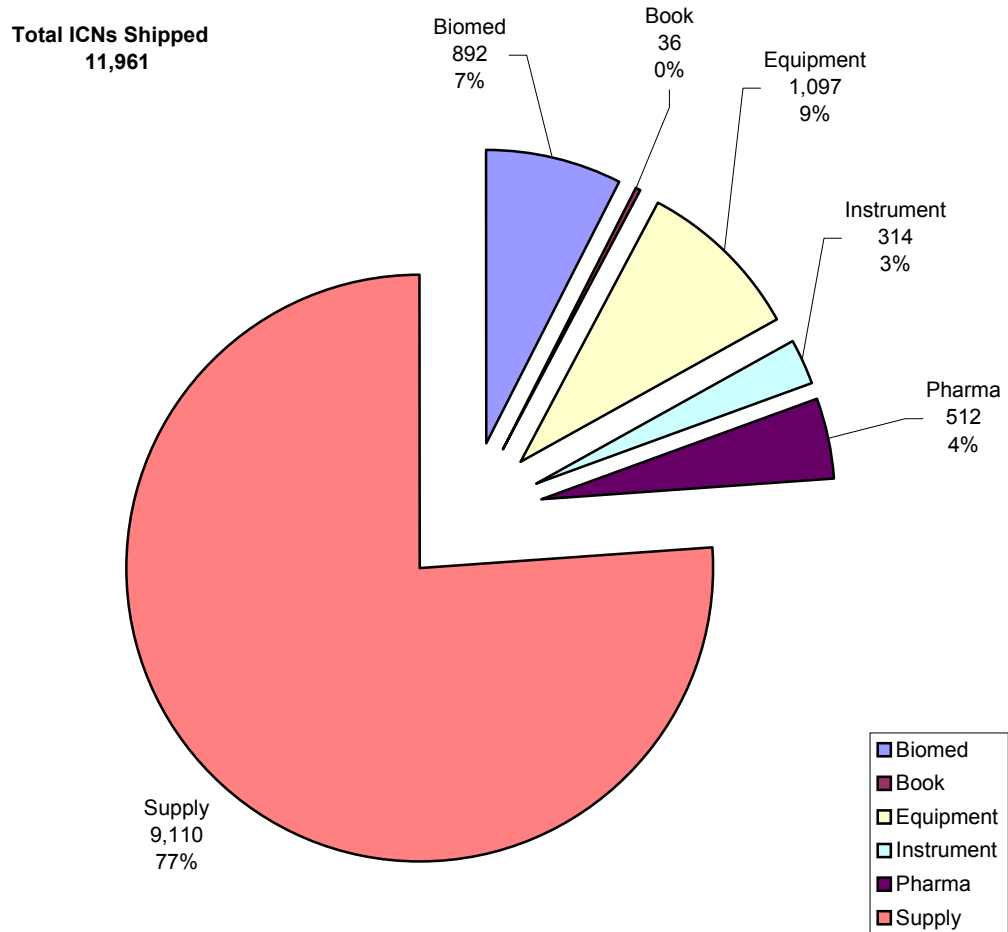
Total Value
\$6,412,761.00



Percentage and Value of Items Shipped for USAID Programs. Sorted by Category (11/1/1999 - 10/31/2001)



Percentage and Amount of ICNs Shipped for USAID Programs
11/1/1999 to 10/31/2001



ATTACHMENT G
(List: Top Donors, 2001)

CARELIFT INTERNATIONAL
TOP SOURCES OF IN-KIND DONATIONS 2001*

AGENCY

NAME	TOTAL VALUE OF DONATIONS
ARMENIAN AMERICAN CULTURAL ASSOCIATION	\$29,804.00
BROTHER-TO-BROTHER	\$1,246,934.11
BROTHER'S BROTHER	\$440,121.72
CATHOLIC MEDICAL FOUNDATION	\$46,648.76
GLOBAL HEALING	\$26,998.26
MAGEE WOMANCARE INTERNATIONAL	\$43,055.20

COMMERCIAL INSTITUTION

NAME	TOTAL VALUE OF DONATIONS
DELAWARE VALLEY SURGICAL	\$46,550.22
DELCREST MEDICAL SERVICES	\$22,340.76
DIXON-SHANE DRUG COMPANY	\$62,382.94
EQUIPMED SERVICES	\$28,052.92
MEDTRONIC, INC	\$372,975.00
NEOFORMA/GAR	\$29,677.90
PILOT MEDICAL PRODUCTS	\$51,962.09
SCHEIN PHARMACEUTICALS	\$156,632.66
WASTE STREAM SOLUTIONS, INC.	\$227,504.16
WELCH ALLYN	\$107,370.08

MEDICAL INSTITUTION

NAME	TOTAL VALUE OF DONATIONS
ACTS RETIREMENT – LIFE COMMUNITIES	\$29,312.98
GOLDEN SLIPPER UPTOWN HOME	\$46,838.40
VIRTUAL HEALTH	\$156,631.51

MEDICAL INSTITUTION, HOSPITAL

NAME	TOTAL VALUE OF DONATIONS
ATLANTIC CITY MEDICAL CENTER	\$53,576.45
CHILDRENS HOSPITAL OF PHILADELPHIA	\$26,292.54
COMMUNITY MEDICAL CENTER	\$32,253.00
FRANKFORD HOSPITAL	\$22,717.30
GENERAL HOSPITAL CENTER AT PASSAIC	\$29,178.61
HACKENSACK MEDICAL CENTER	\$50,876.40
NAZARETH HOSPITAL	\$62,194.74
ST. JOSEPH'S HOSPITAL	\$60,260.51
THOMAS JEFFERSON UNIVERSITY HOSPITAL	\$45,350.32
WYOMING VALLEY HEALTH SYSTEM	\$28,072.64

*Partial listing only: For a complete listing of in-kind product donors contact the Carelift International Communications and Development Office (610-617-0995).

ATTACHMENT H
(Outline: Project Evaluation)

<u>EVALUATION REPORT</u>		Date: _____
Partnership/Project: _____		Prepared By: _____
<u>TOPIC</u>	<u>COMMENT</u>	
EQUIPMENT: (See attachment) -When was the equipment installed? Has it been in use and in working condition since then? Have there been any problems with the equipment (operation, spare parts, calibration, etc.)? How have these problems been resolved? -Does equipment use mean better care to patients? Examples? Has it impacted the practice of medicine (easier, faster, saved time)? Examples?		
TRAINING: -What training was received? -Who (Carelift, the American Partner, a contractor) provided it to whom (engineers, doctors, nurses, technicians, assistants, administrators)? -What were its strengths and weaknesses? -If any particular shortcomings been identified, how might the training be improved?		
MAINTENANCE: -Has an equipment maintenance plan been developed? Who (in-house engineers/outside contractor) is responsible for maintenance? Attach maintenance records. -Are devices and tools available? Have simple repairs been done? Examples?		
RESUPPLY: (See attached equipment summary) -Is there a written plan to re-order supplies and accessories for the equipment? Attach. Is it being followed? Have specific suppliers been identified? What supplies/parts have been purchased? Was the price reasonable; the process competitive? How is this paid for? Describe any re-supply problems. - Has equipment been non-useable for want of parts/supplies?		

<u>TOPIC</u>	<u>COMMENT</u>
<p>WASTE MANAGEMENT: (See Attachment)</p> <ul style="list-style-type: none"> -Describe current waste handling/disposal practices. -Has the institution received waste management training from Carelift/other sources? If so, who was trained? <p>What systems/practices have been changed as a result? Provide evidence of change.</p> <ul style="list-style-type: none"> -Was a written plan/policy regarding medical waste prepared/approved? Is it being followed? 	
<p>CRITIQUES: (Identify respondents by name and title)</p> <ul style="list-style-type: none"> -Obtain critiques from the recipient, the American Partner, and AIHA. Have Carelift's contributions helped the recipient to implement the training provided by Partnership? In what way? How have Carelift's goods contributed (in a measurable way) to specific Partnership goals? -How could this Partnership project have been/be improved? -Did the USG, who awarded @\$189,000 per project to defray Carelift's costs, get good value for its money? <p>Respond in quantifiable terms (value of goods sent, numbers of patients served, contribution to area's public health, initiation of improved medical & administrative practices, projected longevity of recipient institution, acquisition of external financial support).</p>	
<p>Attachments (2):</p> <p>Nn/admin/c/Form.Evaluation updated master 8.01</p>	

ATTACHMENT I

(Grid: Work Plan – 11/1/01 through 7/31/02)

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 11/1/01 – 7/31/02	VALUE SHIPPED	TECH TRAINING	WASTE TRAINING	EVALUATE
ARMENIA I AIHA - Armavir/ Galveston TX	PCC, Armavir [Assessment made by AIHA R.O. & American Partner]	Resupply = \$20-\$40K	\$57,867	Done	Done/ AIHA Workshop	1 st Q FY '02
ARMENIA II AIHA - Gegarkunik/ Providence RI	PCC, Sevan [Assessment made by AIHA R.O. & American Partner]	Initial shipment Part II = \$15- \$30K	\$35,181	Done	Done/ AIHA Workshop	1 st Q FY '02
ARMENIA III AIHA - Lori/Los Angeles CA	1.PCC, Vanadzor #5 [Assessment made by AIHA R.O. & American Partner]	Resupply = \$30- \$50K	\$158,292	Done	Done/ AIHA Workshop	1 st Q FY '02
ARMENIA IV AIHA - Yerevan/Wash D.C.	1.WWC, Gavar [Assessment made by AIHA R.O. & American Partner]	Initial shipment Part II = \$30-\$50K	\$34,727	Done by Partner	Done/ AIHA Workshop	1 st Q FY '02
	Sub-Totals	\$ 95,000 - \$170,000	\$286,067			
BELARUS AIHA - Minsk/RWJ(NJ)	1. PCC, #36		\$165,208	Done by US Partner	Done by US Partner	Done by US Partner
	Sub-Total		\$165,208			
GEORGIA I AIHA - Kutaisi/ Atlanta GA	WWC, 11 Javakhishvili St. [Assessment made by CL in 2000]		\$61,621	Done	Done/ AIHA Workshop	2nd Q FY '02
GEORGIA II AIHA - Mtskheta- Mtianeti/ Milwaukee WI	1.PCC, 1 Gvindgelia St., Mtskheta [Assessment made by CL in 2000]		\$78,637	Done	1.Done/ AIHA Workshop	2nd Q FY '02
GEORGIA III USAID R.O. [Assessment of all (3) Projects made by USAID R.O. 5/01-7/01]	1.Jo Anne Medical Center, Tblisi [Assessment made by CL, 5/01] 2.Sukhumi Maternity House 3.Zugdidi Maternity House	1.Initial shipment Part II = \$30-\$60K	1.\$169,004 2.\$141,842 3.\$101,916	1, 2, & 3 = N/A	1.Done by foreign Partner 2.N/A 3.N/A	1.2 nd Q FY '02 2 & 3 – 2 nd Q FY '02 with USAID R.O.
	Sub-Totals	\$30,000 - \$60,000	\$553,020			

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 11/1/01 – 7/31/02	VALUE SHIPPED	TECH TRAINING	WASTE TRAINING	EVALUATE
KAZAKHSTAN AIHA Astana/ Pitt. PA	PCC, 22/1 Abulai Khan Ave. [Assessment made by CL , AIHA R.O. & the American Partner in 2000]	Initial shipment, Part II = \$30K	\$31,401	Near conflict area. May train offsite	Done/AIHA Workshop	*
	Sub-Totals	\$30,000	\$31,401			
KYRGYZSTAN AIHA Bishkek/ Reno NV	1.FMC, KSMA Medical Center		\$90,676	Near conflict area. May train offsite	Done/AIHA Workshop	*
	Sub-Totals		\$90,676			
MOLDOVA I AIHA Legacy Chisinau/ Minn MN	ER at Emergency Hospital		\$3,335,905	Done	Done	Done
MOLDOVA II AIHA Chisinau/ E. VA	1.PCC #11 “Botanica,” Chisinau 2.Teaching FMC at the above 3. WWC, Cahul 4.WWC, “Dalila”, Chisinau 5. Teaching FMC Chisinau Univ. (under renovation – to open Fall 2002) 6.“Operation Hope”(\$505,443)		Projects #1, 3, 4, & 7 = \$1,055,246	Projects #1 & 3 are done. N/A to projects #2, 4, 6 & 7.	Done	Projects #1 & 3 done
	Sub-Totals		\$4,391,151			

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 11/1/01 – 7/31/02	VALUE SHIPPED	TECH TRAINING	WASTE TRAINING	EVALUATE
RUSSIA I AIHA Legacy Moscow/ Pitt. PA	WWC, Savior's Hospital		\$142,649	2 nd Q FY '02	Done/AIHA Workshop	3 rd Q FY '02
RUSSIA II AIHA Khabarovsk/ Lexington KY	WWC [Assessment made by AIHA R.O. & American Partner]	Initial shipment = \$30-80K		@ 4-6 months after shipments arrive	Done/AIHA Workshop	*
RUSSIA III AIHA Kurgan & Shchuche/ Fox Cities WI	1.Kurgan Maternity Hospital #1 2. PCC, Shchuche Hospital		1.\$118,029 2.\$29.507	2 nd Q FY '02	Done/AIHA Workshop	*
	Sub-Totals	\$30,000 - \$80,000	\$290,185			
UKRAINE I AIHA Legacy Lviv/ Buffalo NY	Perinatal Center [Assessment made by CL in 1999]	Resupply = \$30-\$60K	\$134,750	Done	Done/ AIHA Workshop	Done
UKRAINE II AIHA Legacy Lviv/ Buffalo NY	WWC, Railway Hospital [Assessment made by CL in 1999]	Resupply = \$5-10K	\$84,886	Done	Done/ AIHA Workshop	Done
UKRAINE III AIHA Donatesk/ Pitt. PA	1.WWC, Kramatorsk Birthing Center 2.Miner's Health Center [Assessments made by AIHA R.O. & American Partner]	1.Initial Shipment Part II = \$90-110K 2. Initial shipment = \$40- 60K	Project #1 = \$127,057	1.Planned 12/17/01 2.@4-6 months after shipment arrives	Done/ AIHA Workshop	4 th Q FY '02
UKRAINE IV AIHA Kharkiv/ La Crosse WI	1.PCC Korobochkino, Chuguev Rayon 2.Chuguev Hospital 3.Student Clinic (potential mammo unit) [Assessments made by AIHA R.O. & American Partner on Projects #1 & 3; assessment to be made by CL on Project #2, 2nd Q FY '02]	1.Initial shipment = \$40- 60K 2.Initial shipment = \$80- 110K 3. Add to AIHA initial shipment = \$50-80K		@4-6 months after shipments arrive	Done/ AIHA Workshop	*

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 11/1/01 – 7/31/02	VALUE SHIPPED	TECH TRAINING	WASTE TRAINING	EVALUATE
UKRAINE V AIHA Kiev/Phila. PA	Replication of model FMC in Kiev				Done/AIHA Workshop	*
UKRAINE VI AIHA Uzhgorod/ Corvallis OR	1.FMC, V. Berezny 2.Hospital,V. Berezny 3.WWC, Uzhgorod 4.FM Training Center, Uzhgorod [Assessments made by AIHA R.O. & American Partner on Projects #1, 3 & 4; assessment to be made by CL on Project #2, 2nd Q FY '02]	1.Initial shipment =\$40- 60K 2.Initial shipment =\$100- 150K 3.Initial shipment = \$50 - 80K	1.\$57,508	1.Planned 12/3/01	Done/AIHA Workshop	*
UKRAINE VII AIHA Lviv/Cleveland OH	1.Lviv FMC 2.Zhova FMC [Assessments made by AIHA R.O. & American Partner]	1.Add to AIHA initial shipment = \$30-50K 2.Add to AIHA initial shipment = \$10-30K		@4-6 mos after shipments arrive	Done/AIHA Workshop	*
	Sub-Totals	\$565,000 - \$860,000	\$404,301			
UZBEKISTAN AIHA Ferghana & Tashkent/Atlanta GA	1.Republican Center/ Emergency Medicine, Ferghana 2. Same, Tashkent [Assessments made by CL 10/01]	1.None 2.Initial shipment, Part II = \$175-300K	1.\$200,477 2.\$279	Project #1 = Done. Project #2 = N/A	Done/AIHA Workshop	*
	Sub-Totals	\$175,000 - \$300,000	\$200,756			
CL/USAID CA	Internal Audits at CL: 1.11/00	Under-valued items	\$363	N/A	N/A	N/A
	Transferred Goods		\$30,450			
	Non-Tangibles			N/A	N/A	N/A
	11/1/99-10/31/01		\$145,749			
	11/1/01 - 7/31/02	\$65,000				
	GRAND TOTALS (Estimated + Actual values shipped)	\$990,000 - \$1,565,000	6,589,323	Range = \$7,579,323 - \$8,154,323		
	TARGET TOTAL (for the period 11/1/01- 7/31/02)	\$7,826,823 (\$6,589,323 + \$1,237,500)	(\$825K x 150% = \$1,237,500)			

Note: * =Evaluation planned 4-6 months after technical training delivered.

ATTACHMENT J

(Grid: Work Plan – 8/1/02 through 10/31/04)

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 8/1/02 - 10/31/04	ASSESS	TECH TRAINING	WASTE TRAINING	EVALUATE & REPORT
ARMENIA I AIHA - Armavir/ Galveston TX	1.PCC, Armavir 2.EMS Project	1.None 2.Initial shipment, Part I = \$130-180K FY '03; Part II = \$30-50K 1 st Q FY '04	1.Done 2.To be made by AIHA R.O. & American Partner	1.Done 2.(3) mo. after Part I shipment arrives	1.Done/ AIHA Workshop 2.Will be done with tech training	1.Interim FY '02; Final FY '04 2.Final FY '04
ARMENIA II AIHA - Gegarkunik/ Providence RI	1.PCC, Sevan 2.FMC, Gagarin 3.Hospital, Sevan	1.Resupply FY '03 = \$25- \$50K 2.Initial shipment, Part I = \$40-60K FY '02; Part II = \$40-60K FY '03 3.Initial shipment, Part I = \$60-120K FY '02; Part II = \$50-100K FY '02 or '03; Resupply = \$30-50K FY '03	1.Made by AIHA R.O. & American Partner 2.Same as above 3.CL to reassess late FY '02	1.Done 2. & 3. (3) mo. after shipments arrive	1.Done/ AIHA Workshop 2. & 3. To be done with tech training	1.Interim FY '02; Final FY '04 2.Final FY '04 3. Interim FY '03; Final FY '04
ARMENIA III AIHA - Lori/Los Angeles CA	1.PCC, Vanadzor #5 2.Hospital, Vanadzor 3.Hospital, Emergency	1.None 2. Initial shipment, Part I = \$80-120K FY '03; Part II = \$40-60K FY '03 3. Initial shipment, Part I = \$80-120K FY '03; Part II = \$40-60K FY '03	1.Made by AIHA R.O. & American Partner 2.CL to assess late FY '02 or early '03	1.Done 2. & 3. - (3) mo. after shipments arrive	1.Done/ AIHA Workshop 2. & 3. - To be done with tech training	1.Interim FY '02; Final FY '04 2. & 3. - Final FY '04
ARMENIA IV AIHA - Yerevan/Wash D.C.	WWC, Gavar	Resupply FY '03 = \$30- \$50K	Assessment made by AIHA R.O. & American Partner	Done by Partner	1.Done/ AIHA Workshop	Interim prior to resupply; Final FY '04
ARMENIA V CL/PADCO	PCCs	unknown	CL/PADCO began negotiations in 10/01			
	Sub-Totals	\$ 645,000 - \$1,030,000 plus PADCO (if negotiations are successful)				
BELARUS AIHA - Minsk/RWJ(NJ)	PCC, #36		Assessment made by AIHA R.O. & American Partner	Done by US Partner	Done by US Partner	Final FY '02
	Sub-Total					

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 8/1/02 - 10/31/04	ASSESS	TECH TRAINING	WASTE TRAINING	EVALUATE & REPORT
GEORGIA I AIHA - Kutaisi/ Atlanta GA	WWC, 11 Javakhishvili St.	Resupply FY '02 = \$20- 50K	Assessment made by CL in 2000	Done	Done/AIHA Workshop	Interim prior to resupply; Final FY '04
GEORGIA II AIHA - Mtskheta- Mtianeti/ Milwaukee WI	1.PCC, 1 Gvindgelia St., Mtskheta 2. Replication of above, also in Mtskheta 3.PCC replication, Dusheti 4.PCC replication, Kazbegi	1.Resupply late FY '02 = \$20-50K 2.Initial Part I & Part II, FY '03 = \$120K 3.Initial Part I & Part II, FY '03 = \$120K 4.Initial Part I & Part II, FY '03 = \$120K	1.Assessment made by CL in 2000 2., 3., & 4. - To be made by AIHA & American Partner	1.Done 2, 3, & 4 -(3) mo. after shipments arrive	1. Done/ AIHA Workshop 2, 3. & 4 -To be done with tech training	1.Interim prior to resupply; Final FY '04 2, 3, & 4 - Final FY '04
GEORGIA III USAID R.O.	1.Jo Anne Medical Center, Tblisi [Assessment made by CL, 5/01] 2.Sukhumi Maternity House 3.Zugdidi Maternity House	1.Resupply = \$30-\$60K 2.Anticipate USAID R.O. request to resupply late FY '02 = \$30-60K 3.Anticipate USAID R.O. request to resupply late FY '02 = \$30-60K	All (3) projects assessed by USAID R.O. 5/01- 7/01	1, 2, & 3 = N/A	1.Will have been done 2.N/A 3.N/A	1.Interim prior to resupply; Final FY '04 2 & 3 – Interim prior to resupply with USAID R.O.
	Sub-Totals	\$490,000 - \$640,000				
KAZAKHSTAN AIHA Astana/Pitt. PA	1.PCC, 22/1 Abulai Khan Ave. 2.Family Group Practices	1.Initial shipment, Part II, late FY '02 = \$30K 2.Initial shipments, late FY '03 = \$30K each = \$90K	1.Made by CL, AIHA R.O. & American Partner in 2000 2.To be made by AIHA R.O. & American Partner in late FY '02	1.May be done off-site (near conflict area) 2.If needed - (3) mo. after shipments arrive	1.Done/ AIHA Workshop 2.To be done with tech training	1.Interim, FY '02;Final FY '04 2.Final FY '04
	Sub-Totals	\$120,000				
KYRGYZSTAN AIHA - Bishkek/ Reno NV	FMC, KSMA Medical Center	Resupply FY '02 or '03 = \$40-60K	Assessment made by AIHA R.O. & American Partner	Maybe done off-site	Done/AIHA Workshop	Interim to be done prior to resupply; Final FY '04
	Sub-Totals	\$40,000 - \$60,000				

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 8/1/02 – 10/31/04	ASSESS	TECH TRAINING	WASTE TRAINING	EVALUATE & REPORT
MOLDOVA I AIHA Legacy Chisinau/ Minn MN	ER at Emergency Hospital	Resupply late FY '02 = \$40-80K	Assessment made by CL in 1999	Done	Done	Interim done; Final FY '04
MOLDOVA II AIHA Chisinau/ E. VA	1.PCC #11 "Botanica," Chisinau 2.Teaching FMC at the above 3. WWC, Cahul 4.WWC, "Dalila", Chisinau 5. Teaching FMC Chisinau Univ. (under renovation – to open Fall 2002) 6."Operation Hope" (\$505,443)	1.Resupply late FY '02 or '03 = \$40-80K 2.Initial shipment, Part I FY '03 = \$60-90K; Part II FY '03 = \$30-60K 3.Resupply late FY '02 or '03 = \$40-80K 4.Resupply late FY '02 or '03 = \$40-80K 5.Initial shipment Part I, late FY '02 = \$80-120K; Part II, FY '03 = \$40-60K 6.None	# 1, 2, 3, 4, & 6. made by AIHA R.O. & American Partner; # 5 to be made by AIHA R.O. & American Partner; & # 7 done by Dept. of State.	Projects #1 & 3 are done. N/A to projects #2, 4, 6 & 7.	#1, 2, 3, & 4 done; #2 & 6 to be done, if needed.	Interim for #1., 3., & 4. done; Final for all projects except #7, FY '04. Final report of #7 done by Dept. of State.
	Sub-Totals	\$370,000 - \$ 650,000				
RUSSIA I AIHA Legacy Moscow/ Pitt. PA	WWC, Savior's Hospital	Resupply FY '03 = \$30K	Made by CL, AIHA R.O. & American Partner in 2000	Will have been done	Done/AIHA Workshop	Interim prior to resupply; Final FY '04
RUSSIA II AIHA Khabarovsk/ Lexington KY	1.WWC 2.Referral Hospital	1.Initial shipment, Part II, FY '03 = \$30-60K 2. Initial shipment, FY '03 = \$80-120K	1.Made by AIHA R.O. & American Partner 2.To be done by CL, late FY '02	(3) mo. after shipments arrive	1.Done at AIHA Workshop	1.Interim FY '03; Final FY '04 2.Final FY '04
RUSSIA III AIHA Kurgan & Shchuche/ Fox Cities WI	1.Kurgan Maternity Hospital #1 2. PCC, Shchuche Hospital	1.Resupply FY '03 = \$30- 50K 2.Initial shipment, Part I late FY '02 = \$60-80K; Part II, FY '03 = \$30-60K	# 1 & 2 made by AIHA R.O. & American Partner	1. Will have been done	Done/AIHA Workshop	1.Interim prior to resupply; Final FY '04 2. Final FY '04
	Sub-Totals	\$260,000 - \$400,000				

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 8/1/02 – 10/31/04	ASSESS	TECH TRAINING	WASTE TRAINING	EVALUATE & REPORT
UKRAINE I AIHA Legacy Lviv/ Buffalo NY	Perinatal Center		Assessment made by CL in 1999	Done	Done/AIHA Workshop	Interim done; Final FY '04
UKRAINE II Same	WWC, Railway Hospital		Assessment made by CL in 1999	Done	Done/AIHA Workshop	Interim done; Final FY '04
UKRAINE III AIHA Donatesk/ Pitt. PA	1.WWC, Kramatorsk Birthing Center 2.Miner's PCC 3.PCC replication in Kramatorsk 4. Another PCC replication in Kramatorsk	1.Resupply FY late FY '02 or '03 = \$40-60K 2.Initial shipment, Part II, late FY '02 = \$40-\$60K; Resupply late FY '03 = \$30K 3.Initial shipment, Part I, late FY '02 + \$60-80K; Part II, FY '03 = \$40-60K 4.Initial shipment, Part I, late FY '02 = \$60-80K; Part II, FY '03 = \$40-60K	All (4) projects done or will be done by AIHA R.O. & American Partner	1.Planned 12/17/01 2, 3, & 4 = (3) mo. after shipments arrive	Done/AIHA Workshop	# 1 & 2 - Interim prior to resupply; Final FY '04 # 3 & 4 - Final FY '04
UKRAINE IV AIHA Kharkiv/ La Crosse WI	1.PC Center Korobochkino, Chuguev Rayon 2.Chuguev Hospital 3.Student Clinic	1.Initial shipment, Part II, late FY '02 = \$40-60K; Resupply FY '03 = \$30- 60K 2.Initial shipment, Part II, FY '03 = \$60-80K 3.Resupply FY '03 = \$30- 50K	#1 & 3 - Made by AIHA R.O. & American Partner #2 - To be done by CL	(3) mo. after shipments arrive	Done/AIHA Workshop	#1 & 3 - Interim prior to resupply; Final FY '04 2.Final FY '04
UKRAINE V AIHA Kiev/ Phila. PA	Replication of model FMC in Kiev	Initial shipment, Part I, early FY '03 = \$60-80K; Part II, late FY '03 + \$40- 60K	To be done by AIHA & American Partner	(3) mo. after shipments arrive	Done/AIHA Workshop	Final, FY '04
UKRAINE VI AIHA Uzhgorod/ Corvallis OR	1.FM Center, V. Berezny 2.Hospital,V. Berezny 3.WWC, Uzhgorod 4.FM Training Center, Uzhgorod	1.Initial shipment, Part II, late FY '02 = \$30-50K; Resupply FY '03 = \$30K 2.Initial shipment, Part II, Late FY '02 or early FY '03 = \$60-80K 3.Initial shipment, Part II, late FY '02 or early FY '03 = \$30-50K 4.Initial shipment, Part I, early FY '03 = \$80-110K; Part II, late FY '03 = \$40- 60K	#1, 3 & 4 - Made by AIHA R.O. & American Partner 2.Will have been done by CL	1.Planned 12/3/01 2, 3, & 4 = (3) mo. after shipment arrives	Done/AIHA Workshop	1.Interim prior to resupply; Final FY '04 #2, 3, & 4 = Final FY '04
UKRAINE VII AIHA Lviv/ Cleveland OH	1.Lviv FM Clinic 2.Zhova FM Clinic	1.Resupply FY '03 = \$30K 2.Resupply FY '03 = \$30K	Made by AIHA R.O. & American Partner	(3) mo. after shipments arrive, if needed	Done/AIHA Workshop	#1 & 2 Interim prior to resupply; Final FY '04
	Sub-Totals	\$900,000 - \$1,260,000				

COUNTRY/ PARTNERS	TARGETS	ESTIMATE of FUTURE SHIPMENTS: 8/1/02 – 10/31/04	ASSESS	TECH TRAINING	WASTE TRAINING	EVALUATE & REPORT
UZBEKISTAN AIHA Ferghana & Tashkent/Atlanta GA	1.Republican Center/ Emergency Medicine, Ferghana 2.Same, Tashkent	1.Resupply FY '03 = \$30- 50K 2.Resupply FY '03 = \$30- 50K	Assessments made by CL	1.Done 2.N/A	Done/AIHA Workshop	#1 & 2 – Interim to be done prior to resupply; Final FY '04
	Sub-Totals	\$60,000 - \$100,000	Estimate			
8/1/02 – 10/31/04	Non-tangibles	\$160,000	Estimate			
Estimated Range 8/1/02 – 10/31/04	Totals	\$3,045,000 - \$4,420,000				
8/1/02 – 10/31/04	Target Total	\$3,712,500	(\$2.475M x 150% = \$3,712,500)			
Key:						
CL	Carelift International					
EMS	Emergency Medicine Service					
ER	Emergency Room					
FMC	Family Medicine Center					
PCC	Primary Care Center					
WWC	Women's Wellness center					

Nn/admin/carroll/usaid/workplan grid part II, 11.29.01

ATTACHMENT K
(Listing: Media Coverage – FY ‘01)

DATE	Media Outlet	CITY	CIRC	FREQ	TOPIC
11/1/00	Hospital & Healthcare News	Philadelphia	46,500	Monthly	Carelift Joins Global Fight Against Breast Cancer
11/2/00	Main Line Times	Ardmore	17,500	Weekly	Courage Award in Memory of Jake Getson
11/15/00	Courier News Weekly	Harleysville	43,000	Weekly	Courage Award in Memory of Jake Getson
11/29/00	Main Line Life	Ardmore	19,500	Weekly	Carelift Forms Partnership
12/1/00	Money Matters -Comcast	Phila Region	300,000		Broadcast Interview - Public Affairs
12/1/00	Hospital & Health Networks	National	104,000	Monthly	Feature Story - Carelift International
12/6/00	National Radio of Moldova	Moldova		Daily	CLI Heads up Medical Training in Moldova
12/7/00	Antenna C Radio, Moldova	Moldova		Daily	CLI Heads up Medical Training in Moldova
12/8/00	NIT TV, Moldova	Moldova		Daily	Joseph Welsh, Person of the Day, CLI n Moldova
12/8/00	Dialog	Moldova			CLI Heads up Medical Training in Moldova
12/8/00	Phila.Business Journal	Philadelphia	20,000	Weekly	CLII Forms Partnership
12/9/00	NIT TV, Moldova	Moldova		Daily	Joseph Welsh, Person of the Day, CLlin Moldova
12/14/00	Main Line Times	Ardmore	17,500	Weekly	Agilent Technologies Lends Support to CLI
12/20/00	Main Line Life	Ardmore	19,500	Weekly	Courage Award in Memory of Jake Getson
2/2/01	WPVI-TV	Philadelphia		Daily	Carelift International Ships Supplies to Romania
2/22/01	Main Line Times	Ardmore	14,000	Weekly	Phila. Dentist Leads International Initiative
2/22/01	Jewish Exponent	Philadelphia	45,000	Weekly	Phila. Dentist Leads International Initiative
2/27/01	BASA-PRESS	Moldova			Institute Implants Cardiac Stimulants from U.S.
3/8/01	Main Line Times	Ardmore	14,000	Weekly	Ceremony Recognizes Fortune 500 Company
3/9/01	Phila.Business Journal	Philadelphia	20,000	Weekly	Phila. Dentist Leads International Initiative
3/21/01	Legal Intelligencer	Philadelphia	3,500	Weekly	Louis W. Fryman Named to Board of Carelift
3/29/01	Tri-State Real Estate Journal	Marlton, NJ	25,000	Weekly	Louis W. Fryman Named to Board of Carelift
4/4/01	City Line News	Bala Cynwyd	40,000	Weekly	Fryman and Papadakis Named to Board
4/4/01	King of Prussia Courier	Wayne	8,900	Weekly	Eliana Papadakis Named to Board of Carelift
4/5/01	Suburban & Wayne Times	Wayne	16,000	Weekly	Eliana Papadakis Named to Board of Carelift
4/27/01	Phila. Business Journal	Philadelphia	20,000	Weekly	Fryman and Papadakis Named to Board
5/9/01	Main Line Life	Ardmore	16,500	Weekly	Papadakis Named to Board of Carelift
5/30/01	Main Line Life	Ardmore	16,500	Weekly	Phila. Dentist Leads International Initiative
6/14/01	Main Line Times	Ardmore	14,000	Weekly	CLI Named Non-Profit Business of the Year
6/20/01	Main Line Life	Ardmore	16,500	Weekly	CLI Named Non-Profit Business of the Year
7/1/01	Small Business News	Main Line	31,500	Monthly	Fryman Named to Board of Carelift International
9/1/01	Main Line Today			Monthly	CLI Named Non-Profit Business of the Year
9/14/01	Y100	Media		Daily	Carelift International Aids New York Relief Efforts
9/17/01	Y100	Media		Daily	Carelift International Aids New York Relief Efforts
9/1/01	Ukrainian Catholic Weekly			Weekly	Carelift International Sends Aid to Ukraine
9/9/01	The Ukrainian Weekly			Weekly	Carelift International Sends Aid to Ukraine
10/3/01	WPVI-TV	Philadelphia		Daily	Carelift International Prepares to Aid Civilians
10/5/01	WHYY-FM -Radio	Philadelphia		Daily	Carelift International Prepares to Aid Civilians
10/6/01	WHYY-FM -Radio	Philadelphia		Daily	Carelift International Prepares to Aid Civilians
10/6/01	Philadelphia Inquirer	Philadelphia	457,932	Daily	Carelift International Prepares to Aid Civilians
10/7/01	WPVI-TV	Philadelphia		Daily	Carelift International Prepares to Aid Civilians
10/9/01	KYW Newsradio	Philadelphia		Daily	Carelift International Prepares to Aid Civilians
10/10/01	Main Line Life	Ardmore	16,500	Weekly	Carelift International Prepares to Aid Civilians
10/11/01	Jewish Exponent	Philadelphia	45,000	Weekly	J.Grossman Donates Award to Carelift International
10/13/01	Philadelphia Inquirer	Philadelphia	457,932	Daily	Aid to Afghanistan - Letter to the Editor
10/19/01	DAVR TV	Uzbekistan		Daily	CLI Provides Uzbekistan With Medical Aid
10/23/01	KYW Newsradio	Philadelphia		Daily	CLI Staffers Arrive in Uzbekistan
10/24/01	WPVI-TV	Philadelphia		Daily	CLI Staffers Arrive in Uzbekistan
10/25/01	KYW-TV	Philadelphia		Daily	CLI Staffers Arrive in Uzbekistan
10/25/01	NBC10	Philadelphia		Daily	CLI Staffers Arrive in Uzbekistan
10/27/01	Sunday Live (WPVI-TV)	Philadelphia		Weekly	CLI Staffers Arrive in Uzbekistan
10/31/01	Main Line Life	Ardmore	16,500	Weekly	CLI Staffers Arrive in Uzbekistan

ATTACHMENT L

(Lessons Learned: Technical Training - Moldova)

LESSONS LEARNED: TRAINING SESSION (MOLDOVA) 12/4/00 – 12/8/00

Aspects that require no change in planning future training sessions:

- composition (3 or 4 people) and skill level (environmental specialist, biomedical technician or engineer, and a clinically-oriented trainer) of the training team
- the subjects covered (background of Partnership project, medical waste handling processes, preventive maintenance programs, technology management systems, proper use, dangers of misuse, and testing procedures of/for each major piece of donated equipment)
- provide training materials to participants in English and the native language
- continue to use the preventive maintenance equipment (PME) software
- emphasize training for the engineering (as opposed to the clinical) hospital staff, including hands-on interaction with the trainers and the donated equipment
- schedule 1 free day to respond to special requests or deal with a problem
- continue to search for and include in Carelift's training cadre a member who speaks the native language of the recipient institution
- hand carry the appropriate tools and test equipment to the training site
- adapt the curriculum (during the training sessions) to the current clinical practices of the recipient institution
- continue to use photographs to emphasize medical waste disposal hazards

Aspects that may be changed (for future training sessions):

- at least 1, if not 2, members of Carelift's training cadre should arrive at the training site at least 2 days in advance to insure that all the equipment (including all accessories and supplies) has been moved to the space reserved for the training sessions
- insure that there are enough computers available so that no more than 3 participants are using 1 computer screen to learn how to use the preventive maintenance equipment (PME) software
- in advance, review the curriculum with the head of the recipient institution to determine if additional training modules should be developed and included
- simplify the evaluation forms (or delete them and merely use the competency tests as a measurement of the effectiveness of the training) and have them translated from the native language into English while on-site
- translate the operational manuals for each piece of donated equipment into the native language and have them available for continual reference during the appropriate training module

Improve Carelift's packing procedures:

- label, more clearly, the boxes containing the accessories and supplies that accompany each piece of equipment
- continue to pack the above on the same pallet as the piece of equipment

ATTACHMENT M
(Sample Format: Technical Training)

Carelift International Training Plan
Mtskheta – Mtianeti Primary Care Center, Georgia
In partnership with
Milwaukee International Health Training Center
February 27 – March 1, 2001

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Training Process
Curriculum
Evaluation Form
Contact List
Technology Matrix

Training Process

The training is directed at the medical staff of the Mtskheta Mtianeti Regional Primary Care Center to ensure that the donated equipment is installed, maintained and properly used. The instructors emphasize:

- Introduction about each device, its function and its operating controls
- Clinical pre-use check out, safety precautions
- Clinical use of the device, set up and operation.
- Basic preventive maintenance procedures
- Electrical safety and performance checks, if applicable.

Course instruction on equipment is based upon the manufacturer's operation and/or technical manual. These references have been translated into Georgian and copies will be distributed to participants. All other written training materials have, as well, been translated into Georgian.

The training curriculum is based on a technology matrix, individually designed for each recipient institution. The matrix summarizes the equipment received and includes a list of accessories that might need replacement during the life of the devices. It describes the skills needed to install and operate the devices. Information on the nearest vendor for service or parts is also provided. However, recipients should understand that the matrix does not replace the need to read the device's operation manuals or the need to have an engineer or technician periodically inspect each device.

Topic: Toshiba Sonolayer SAL-32A

Toshiba Sonolayer SAL-32A is a linear electron scanning type ultrasonic diagnostic unit, with a direct TV conversion function. With the incorporation of a digital scan converter, ultrasonic echoes can be directly converted into TV signals, allowing an ordinary TV monitor to display tomographic images. Clear and sharp tomographic images can be obtained by using the combination focus system, capable of detecting a broad range of echoes including those near the body surface.

Course Instruction:

Clinical use of the Toshiba Sonolayer SAL-32A will be in accordance with the operation manual. All safety guidelines and precautions will be followed when giving hands-on instruction of this device.

Objectives:

Explain and identify the components, function and controls. Perform initial inspection and set up. Discuss operating safety precautions. Demonstrate the device using an ultrasound phantom. Discuss possible operating problems and solutions. Discuss basic preventive maintenance and testing procedures.

Training Assessment Test: (Trainees are asked to circle the correct answer)

1. Higher frequency transducers provide: (a) Improved lateral resolution, (b) Smaller Doppler shifts, or (c) Increased penetration
2. Which of the following transducers provides the maximum penetration? (a) 10.0 MHz, (b) 7.5 Mhz, or (c) 2.25 Mhz
3. If the overall gain is decreased: (a) Only the brightness of the near echoes will decrease, (b) The energy to the patient is decreased, or (c) The brightness of all echoes will decrease equally
4. From a safety standpoint, which one of the following methods is BEST? (a) Low transmitter output and high receiver gain, (b) High near gain and low far gain, or (c) High reject and high transmitter output
5. The output control in a pulse-echo system does NOT affect the: (a) The excitation voltage that is applied to the transducer, (b) Frequency of the sound that leaves the transducer, (c) The energy that enters the patient, or (d) The amount of energy leaving a transducer
6. What instrument should the clinician use to ensure the performance of the ultrasound unit? (a) Volt meter, (b) Phantom or tissue simulator, or (c) Sound meter
7. Clinicians should always use_____ between the transducer probe and patient skin to ensure a good ultrasound image. (a) Water, (b) Skin lotion, or (c) Sound Transmission Gel

Topic: Hewlett Packard (HP) 78670A Defibrillator/Monitor

The HP 78670A is a DC defibrillator, non-fade ECG monitor, and annotating strip chart recorder. Energy is selectable to 360 joules in eleven discrete steps. The defibrillator incorporates a Paddle Contact indicator on the sternum paddle to help achieve best paddle contact, optimizing current delivered to patient. The ECG monitor displays Heart Rate and ECG obtained through the paddles or through a three-lead patient cable. The recorder automatically annotates Date, Time, Heart Rate, Selected Energy, Delivered Energy, Peak Current, and Patient Impedance during a procedure.

Course Instruction:

Clinical instruction of the HP 78670A defibrillator monitor will be in accordance with the Operating Guide. All safety guidelines and precautions will be followed when giving hands on instruction of this device.

Objectives:

Explain and identify the components, function and controls. Discuss the safety precautions and limitations. Demonstrate the set up and perform an operation test. Demonstrate the defibrillation of a patient using all the features. Discuss problems that maybe encountered. Perform a maintenance check.

Training Assessment Test: (Trainees are asked to circle the correct answer)

1. What is the purpose of the 78670A Defibrillator Monitor? A) To resuscitate patents experiencing cardiac arrest, b) Analyze heart rhythm, or c) both A and B
2. The 78670A Defibrillator Monitor can deliver what range of energy in joules (watt-second)? a) 5 – 50 joules, b) 5 – 360 joules, or c) 0 – 100 joules
3. The 78670A Defibrillator Monitor can also be used as a _____ monitor? (a) Heart rate monitor, (b) Fetal monitor, or (c) Blood pressure monitor
4. It is very important to use _____ on the paddles for defibrillating a patient? a) Lubricating oil, b) Water, or c) Electro conductive gel
5. What items should be checked daily? A) Charging of base unit; battery indicator lit, b) Paper in chart recorder, c) Available accessories; leads, gel and electrodes, or d) All of the above
6. How often should user/clinician operational test be performed? A) Every 3 months, b) Daily, or c) Once a week

Topic: Welch Allyn Audio Scope 3, Portable Screening Audiometer

While audiologists and otolaryngologists are specially trained for testing and treating ear diseases, the primary care setting is ideally suited for first and early detection of the problem. With a fast, simple, accurate method of hearing screening, early detection and appropriate referrals can be more efficiently and effectively accomplished. This device may be the instrument to help in this effort. It is a hand held portable speculum tip audiometer that provides audio screening at speech frequencies. These frequencies are 1000, 2000, 4000, and 500 Hz respectively, at a fixed decibel level. Choices of decibel levels include: 20 dB HL, 25 dB HL and 40 dB HL. In addition, the device provides practice tones above the screening level, prior to the screening tones.

Course Instruction:

Operational use will be conducted in accordance with the operation manual. All safety guidelines and precautions will be followed when giving hands-on instruction of this instrument.

Objectives:

Explain and identify the components, function and controls. Discuss the guidelines for selection of screening levels. Perform and document an audio screening test on a patient. Perform an operational test on ECG monitor. Perform general maintenance (recharging, lamp and battery replacement, cleaning, and sterilization).

Topic: Tremetrics RA400 Microprocessor Audiometer

This device provides automatic pure tone air conduction threshold testing. It has features such as a printer, back lighted function legends, touch sensitive keyboard and simple clear legends for operation ease. In addition, it has three modes of operation, automatic, semi-automatic and manual, giving the operator testing flexibility. Finally, the low power and simplified electronic design provides increased reliability and requires only low maintenance.

Course Instruction:

Operational use instruction will be conducted in accordance with the operation manual. All safety guidelines and precautions will be followed when giving hands-on instruction of this instrument.

Objectives:

Explain and identify the components, function and controls. Discuss the guidelines for selection of screening levels. Perform and document an audio screening test on a patient. Perform general maintenance routines.

Topic: Cryomedics MM-6000 Colposcope

This stereoscopic colposcope is intended for examination of the tissues of the vagina, cervix, and external genitalia. It investigates, by means of magnification, abnormal cervical cytology or suspicious lesions of the lower female genital tract. It has a magnification range of 2.0x to

53.3x and a field of view ranging from 100mm to 4.0mm in diameter. A retractable vessel delineation filter is incorporated to provide clear visualization of vascular patterns.

Course Instruction:

Operational use of the device will be in accordance with the assembly and operating instructions.

Objectives:

Explain and identify the components, function and controls. Perform initial inspection and set up. Simulate an examination. Discuss possible operating problems and solutions. Discuss basic preventive maintenance procedures.

Topic: M7 Speedclave Steam Sterilizer

This device is intended for use in medical and dental office, hospitals, clinics, nursing homes, laboratories, and other facilities to sterilize reusable equipment. Some of the safety features include cycle timer, temperature regulator, low water indicator, chamber temperature monitor, and pressure relief valve.

Course Instruction:

Operational use will be conducted in accordance with the installation and operation manual. All safety guidelines and precautions will be followed when giving hands-on instruction of this instrument.

Objectives:

Explain and identify the components, function and controls. Discuss the guidelines for installation. Demonstrate a sterilization cycle. Discuss all safety precautions. Review maintenance procedures.

Topic: Burdick Elite Electrocardiograph

This biomedical instrument is used to monitor display and interpret the signals or electrical waveform of the heart. It has two modes of operation: automatic and manual. In the AUTO mode, it can acquire simultaneous recordings of a conventional 12 – lead ECG from all leads. It can also analyze the data acquired over a ten-second period and print out a computer-based interpretation. In the MANUAL mode, the operator has the ability to select parameters such as gain, filter, writer speed, lead sequence, and format.

Objectives:

Explain and identify the components, function and controls. Perform an initial inspection and set up. Demonstrate an interpretive electrocardiograph. Discuss possible interpretive problems and solutions. Review basic preventive maintenance procedures.

Training Assessment Test: (Trainees are asked to circle the correct answer)

1. What is the purpose of the Burdick Elite Electrocardiograph? (a) Heart pacemaker, (b) Cardio defibrillation, or (c) Perform and aid in electrocardiograph interpretation
2. What are the two basic mode of operation? (a) Auto, (b) Manual, or (c) both A and B
3. It is very important that _____ placement is correct for a valid electrocardiography trace. (provide the best answer) (a) Lead, (b) Chart paper, or (c) Patient
4. It is also very important that the _____ have excellent conductivity on the skin in order to elicit a valid electrocardiograph trace? (a) Leads, (b) Water, (c) Electrodes
5. A poor electrocardiograph trace resulting in artifacts can be commonly caused by? (a) Patient movement, (b) Muscle tremors, (c) Electrical interference, or (d) All of the above
6. What operator maintenance or adjustment should be performed? (a) Microchip programming, (b) None, (c) Calibrating printer

Topic: One Touch Basic Blood Glucose Monitor

This device can help the patient and the healthcare professional monitor and adjust a treatment plan to help gain better control of diabetes. It is intended for in-vitro diagnostic use for quantitative determination of glucose in whole blood, as an aid in monitoring effectiveness of diabetes management in the home and in clinical settings. It is NOT intended for use in the diagnosis of diabetes or for neonatal testing (newborns 0-4 weeks old).

Course Instruction:

Clinical use will be in accordance with the Owner's Booklet. All safety guidelines and precautions will be followed when giving hands-on instruction of this instrument.

Objectives:

Explain and identify the components, function and controls. Discuss the safety precautions and limitations. Demonstrate a blood glucose testing procedure. Discuss problems that may be encountered. Perform a maintenance check.

Training Assessment Test: (Trainees are asked to circle the correct answer)

1. What is the purpose of the "One Touch Basic Glucose Monitor?" a) Diagnosis of diabetes, b) Quantitative determination of glucose in whole blood, or c) Neonatal blood sugar monitoring
2. What should always be inspected on "The One Touch Test Strips?" a) Expiration date b) Serial number, or c) Lot number
3. What should always be inspected on "The One Touch Normal Control Solution?" (a) Expiration date, (b) Normal control range, or (c) both A and B
4. "The One Touch Glucose Meter Code" should always match with what component? (a) Normal Control Solution, (b) Lancets, or c) Test Strip
5. How should a blood sample (with the test strip in the meter) for a glucose test be applied? (a) Any way you want, (b) Smear on the test strip, or (c) Use enough blood to form a round shiny drop
6. When should "The One Touch Glucose Meter" and "Test Strip Holder" be cleaned? (a) At least once a week, (b) When the test area looks dirty, (c) Whenever the monitor indicates "Clean Test Area", or (d) All of the above

Carelift International Training Evaluation Form

Session Title: _____

Date: _____

Location: _____

Instructors: _____

Please circle your response to the questions below

1. Were the objectives of the session clear to you?

Poor

Fair

Good

Very good

Excellent

2. Were the objectives of the session achieved?

Poor

Fair

Good

Very good

Excellent

3. Did the instructor answer questions adequately?

Poor

Fair

Good

Very good

Excellent

4. Were the presented materials relevant?

Poor

Fair

Good

Very good

Excellent

5. Were the demonstrated materials / services well organized/presented?

Poor

Fair

Good

Very good

Excellent

6. What are the three most useful concepts in the training sessions?

7. Will you implement any changes into your daily practice as a result of these training sessions? If yes, please describe.

8. Are there any recommendations for future training sessions?

Contact List

Carelift International will be conducting training in partnership with the Milwaukee International Health Training Center (MIHTC). MIHTC has been awarded by AIHA a community-based primary health care Partnership with the Regional Health Administration, Republic of Georgia. As a result, Carelift International cooperation with the MIHTC provided a shipment of supplies and equipment to the Mtskheta-Mtianeti Regional Primary Care Center. If there are any questions or concerns about the supplies and equipment provided by Carelift, please contact the persons listed below.

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Carelift International Training Report

Mtskheta –Mtianeti Primary Care Center, Georgia

February 27, 2001 – March 1, 2001

Trainers:

Quinn McVay – Senior Biomedical Technician

David Lekishvili – Biomedical Engineer

Ekaterine Mgeladze, M.D. – Translator

(See Training Plan for curriculum details and objectives)

Training Day 1

11:00AM Welch Allyn Audioscope 3

12:30 PM Otoscope/Ophthalmoscope

1:30PM Burdick Elite EKG

3:30PM Cryometrics MM-6000 Bioptic Colposcope w/ Welch Allyn illuminated Vaginal Speculum system.

(10) Participants (name – position)

Bazuashvili Mariha – Therapist

Zakariashvili Tsiala – Pediatrician

Kozmanishvili Nunu – Therapist

Arabuli Lia – Therapist

Chivadze Maria – Pediatrician

Nazgadze Maria – Pediatrician

Brachuli Nino – Therapist

Machkhaneli Lali – Neurologist

Grigolia Lia - Nurse

Mrevlishvili Megia - Nurse

(9) Evaluation Forms Were Completed **(translated into Georgian):**

Were the objectives of the session clear to you?

Poor Fair Good (1) Very good (5) Excellent (3)

Were the objectives of the session achieved?

Poor Fair Good (5) Very good (2) Excellent (2)

Did the instructor answer questions adequately?

Poor Fair Good Very good (6) Excellent (3)

Were the presented materials relevant?

Poor Fair Good (3) Very good (5) Excellent (1)

Were the demonstrated materials/services well organized/presented?

Poor Fair Good Very good (5) Excellent (4)

What are the three most useful concepts in the training sessions?

How to use the equipment properly, safety, solve problems, clinical and technical use, diagnostic criteria

Will you implement changes into your daily practice as a result of this training? If yes, please describe.

- More safe consideration in working environment
- Will use in examinations
- Will use the Otoscopes in my practice
- Will try to use the devices
- Will try to follow the safety rules
- Will use Otoscope, Ophthalmoscope and audiometer in practice
- I will be ready to do different examinations

Are there any recommendations for future training sessions?

(1) fully satisfied, (4) more emphasis on clinical training, (2) training should be longer

Lessons learned:

On February 26, 2001, the opening ceremony for the Primary Care Center took place. Although it was agreed that the center would be closed for training, patients arrived on site. We delayed the start of the training until 11 AM because the medical staff needed to attend to patients. The medical staff arrived on time for the training sessions. All seemed very eager to learn how to use the new devices. All of the equipment was available and ready for training demonstration

Each participant was given a Georgian language version of the Training Guide and Operation Manual for each device. Extra emphasis was placed on making sure the manuals were read and understood before using devices on patients. Safety precautions were highlighted.

A lot of questions were asked. The fact that the interpreter was a physician was very helpful in connecting the technical with the appropriate clinical replies. Some technical concepts such as, standby mode, soft key display selection for the Burdick EKG, and battery charger operation needed re-explanation. We were also asked to identify some of the donated supplies. These supplies consisted of rubber bandage wrap, sharps containers, I.V. pad, cast mixing kit and sheet packs.

Since some of our test equipment was held up in customs, we could not use simulators for an EKG test. The medical staff found volunteers for an electrocardiogram demonstration. Training evaluation forms were distributed and completed. We stressed the importance of providing honest evaluations, needed to improve future programs. The students were assured that expressing dissatisfaction would not affect future US agency support for their institution.

Training Day 2

- 11:00AM One Touch Basic Glucometer
- 1:30 PM Hewlett Packard 78670A Defibrillator
- 3:30PM Midmark M7 Steam Sterilizer

(12) Participants (name – position)

Same as Training day 1, plus Marina Mokhevishvili (Laboratory) & her Assistant

(8) Evaluation Forms Were Completed (translated into Georgian):

Were the objectives of the session clear to you?

Poor Fair Good Very good (4) Excellent (4)

Were the objectives of the session achieved?

Poor Fair Good (3) Very good (2) Excellent (3)

Did the instructor answer questions adequately?

Poor Fair Good Very good (3) Excellent (5)

Were the presented materials relevant?

Poor Fair Good Very good (5) Excellent (3)

Were the demonstrated materials/services well organized/presented?

Poor Fair Good Very good (5) Excellent (3)

What are the three most useful concepts in the training sessions?

Putting theory into practice

Will you implement any changes into your daily practice as a result of these training sessions? If yes, please describe.

Will try to use all devices

Are there any recommendations for future training sessions?

I will be braver to use the devices, more clinical training

Lessons learned:

Participants continued to be very attentive. Hands-on glucometer training was performed. One of the nurses tested a colleague's blood sugar level. Because the lancet and Penlet were foreign to the nurses, instruction was given on their use and operation and how a blood sample can be drawn by alternative means.

Devices with several options and settings took time to explain, especially the nurses. We actually had to describe the electrical circuits, explain how they operate, showed how a device could perform its own self-test, and told how a defibrillator stores and releases an electrical energy charge. Again, great emphasis was placed on how to use devices safely. The dangers of the defibrillator were fully explained and all of the safety precautions listed in the operation manuals were reviewed.

Training Day 3

11:00AM Tremetrics RA400 Microprocessor Audiometer

12:30PM Toshiba Sonolayer L SAL-32A

3:30PM Graduation Ceremony

(10) Participants - Same as Training day 1

(9) Evaluation Forms Were Completed (translated into Georgian):

Were the objectives of the session clear to you?

Poor Fair Good Very good (4) Excellent (5)

Were the objectives of the session achieved?

Poor Fair Good (2) Very good (4) Excellent (3)

Did the instructor answer questions adequately?

Poor Fair Good Very good (4) Excellent (5)

Were the presented materials relevant?

Poor Fair Good (2) Very good (2) Excellent (5)

Were the demonstrated materials / services well organized / presented?

Poor Fair Good (1) Very good (2) Excellent (6)

What are the three most useful concepts in the training sessions?

Good knowledge and practical skills, theory, clinical information, and practice

Will you implement any changes into your daily practice as a result of these training sessions? If yes, please describe.

Use in everyday practice, use according to needs, absolutely, (4) yes

Are there any recommendations for future training sessions?

More time to individual training, pay more attention to practical skills, improve practical skills, (6) No

Lessons Learned:

The medical staff wanted to know why there were two types of audiometer devices. The Welch Allyn is for rapid pre-screening; the RA400 will give a more complete and analysis of frequency and level hearing deficiencies. All nurses were given the opportunity to operate and experience an audio screening.

During the Ultrasound training session, the unit was connected to the Center's television to allow everyone a full view of the screen. The publication, "Ultrasound Education" by Sonacor, was very instrumental in illustrating ultrasound principals. Originally, the ultrasound phantom was going to be used for the demonstration but the test dummy was held up in customs. However, various body parts of volunteers were used to demonstrate and explain the features and abilities of the ultrasound unit. One of the nurses, seven months pregnant, volunteered for fetal displays. The medical staff was very excited about and impressed with the device. Interpretation of ultrasound images is a skill that needs to be learned and developed for proficiency. We suggested that one of the University ultrasound specialists visit the Center and give additional instruction on ultrasound imagery. An ultrasound quiz was verbally reviewed due to the technical nature of the subject.

There were some problems with both written and oral translations. Several mistakes were found and some technical words were not translated properly. Words like “plug” were translated as a plug in a kitchen sink and “case” was translated to mean suitcase, in lieu of the technical terms desired. Certain technical words just do not translate into Georgian, so a Russian equivalent must be used. It is recommended that both a medical and a technical person review the translation of manuals. The nurses were very concerned about accuracy because they planned to re-read the manuals before using the devices.

Brownouts were experienced during the 3 training days. Although, the Center has a back-up generator, the lack of electricity delayed some of the training sessions, but did not affect the completion of the training objectives. It was determined that the Center is not ready for the “Preventative Maintenance and Inventory Programs.” There are no engineers assigned to the Center and although (3) computer systems are available, they are rarely used for information management. We were told that the computers would be used for some data management, once personnel are trained in basic computer operation. Both software programs were given to the local engineer (a contract employee of Carelift) and they will be implemented later.

Matrix for Biomedical Equipment - Mtskheta-Mtianeti, Georgia

Equipment	Accessories	Cost US\$	Test Equipment	Installation	Training	Vendor
Welch Allyn AudioScope 3	Speculum set p/n 23400	\$15	Electrical safety tester	None. Unit is portable. 220v/50Hz availability for charging unit.	Basic ENT primary care instruction on using the instrument	Welch Allyn LTD (European Division) Kells Road, Nevan, County Meath, Ireland Tel: 353-46-28122 Fax: 353-46-28536 http://www.welchallyn.com/
	Rechargeable battery	\$37	Annual factory Calibration			
	Lamp p/n 06200	\$21				
	Result Forms -100	\$75				
M7 Speedclave Steam Sterilizer	Speedclean sterilizer cleaner p/n 002-0396-00 12 bottles	\$7	Electrical Safety Tester	None. Needs 220v/50Hz, 5 amp capacity.	Operations manual instruction	Deckers Research Park, Interleuvenlaan 12, B-3001 Haverlee, Belgium Tel: 32-16-400-402
One Touch Basic Glucose monitor system	Test Strips 50 ea. Blood Sampler	\$45	None	None	Operations manual instruction	LifeScan Russia c/o Cilag AG International Bolshaya Tulsкая Street 43, Moscow 113191, Russia LifeScan Hot line: 7 095 755 83 53 Fax: 7 095 755 83 52 www.lifescan.com
	Sterile Lancet (2) AAA alkaline batteries	\$1				
Hewlett Packard 78670A Defibrillator/ Monitor	Conducting gel	\$17	ECG wave simulator	None. Unit is portable. 220v/50Hz availability for charging unit.	Emergency Medical training. Operation of instrument instruction	Agilent Technologies Russia Website in Russian www.agilent.com/country/Russian/RU.html
	ECG disposable electrodes 600	\$45	Defibrillator tester			
	Batteries	\$60				
	Recorder paper	\$2				
Cryomedics MM-6000 Stereoscope Colposcope system	Vaginal Speculum 100 ea.	\$110	Electrical Safety Tester	None. 220v/50hz availability.	GYN examination experience. Instrument operation instruction.	CIRCON S.A. (France) at +33 1 691 12 http://www.circoncorp.com
	K-Y lubricant 1 ea.	\$1				
	Gloves 100	\$3				
	Lamps	\$85				
Toshiba SAL-32A Ultrasonic Diagnostic Unit	Ultrasound Gel 12 bottles	\$19	Electrical Safety Tester	None. 220v/50hz availability. Unit is portable, on cart with wheels.	Ultrasound interpretation training. Instrument operation instruction	Toshiba Medical Systems Kiev Office 20 Apt. 24 Gorkogostreet 252005 Kiev+ Phone: 380 44 227 2478 Fax: + 380 44 227 5175 http://www.toshiba-europe.com/eu/companies/
	Probe cover 50	\$49	Ultrasound Phantom			